

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil ☐ gas ☐ other ☐
2. NAME OF OPERATOR
Continental Oil Company
3. ADDRESS OF OPERATOR
Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1980' FNL + 1980' FNL*
AT TOP PROD. INTERVAL: *Some*
AT TOTAL DEPTH: *Some*
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:
TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE
LC-031620(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
SEMU
8. FARM OR LEASE NAME
SEMU EUMONT
9. WELL NO.
69
10. FIELD OR WILDCAT NAME
EUMONT QUEEN GAS
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T-20S, R-37E
12. COUNTY OR PARISH *Lee* 13. STATE *N.M.*
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3540' GR.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

DATE STARTED: 12-12-77 DATE COMPLETED: 12-14-77
PLUGGING PROCEDURES: POOH W/121 JTS 2-3/8" TBG. WIH W/CMT
RETAINER SET AT 3543'. SQUEEZE PERFS W/165 SKS CLASS "C" CMT
W/ADDITIVES. PULLED OUT OF RETAINER. LEAVE 30' CMT ON TOP OF
RETAINER. SPOT 25 SKS CLASS "C" CMT W/ADDITIVES FROM 2683'-
2483'. WIH W/WIRELINE & PERF AT 1400' W/2 JSPF. SPOT 25 SKS
CLASS "C" CMT W/ADDITIVES FROM 1433'-1233'. PRESS TO 1000 PSI.
SPOT 20 SKS CLASS "C" CMT W/ADDITIVES FROM 437'-23'. ERECT
DRY HOLE MARKER

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED

John A. Butterfield

TITLE

Admin. Supv.

DATE

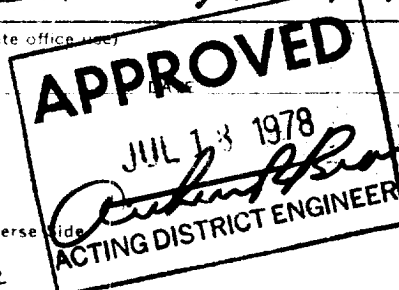
12-21-77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY.



USGS-5, NMFL Partners. 4, File

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