Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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: Lea
13. STATE: N.M.
14. API NO.:
15. ELEVATIONS (SHOW DF, KDB, AND WD): 3540' GR

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 well ☐ gas well ☒ 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' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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

(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.)*

IT IS Proposed TO Plug and Abandon The Subject well. All Economic Reserves have been depleted, There are NO Recompletion Possibilities, and the wellbore is not Needed For SWD Service. Plug AS Follows:
1. Load the well with Produced water, and Set CMT Retainer AT ± 3550'.
2. Squeeze Perfs w/ 200 SX class "C" CMT with 2% CACL2. Pull out of Retainer with Tbg and Leave 25' of CMT on TOP of Retainer. Spot CMT Plugs AS Follows: 25 SX CMT From 1550'-1300'; 20 SX CMT 450'-250'; 10 SX CMT From 160' TO Surface. Erect Dry Hole Marker & Restore The Surface.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

See Attached well History and Recommendations.

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

SIGNED Wm. A. Butterfield TITLE Admin. Supv. DATE 10-21-77

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED AS AMENDED
DEC 5 1977
ARTHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS-5, NMFU Partners 4, File