

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 well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR

CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR

P.O. Box 460 Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL, 1980' FEL

AT TOP PROD. INTERVAL: SAME

AT TOTAL DEPTH:

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) Clean Out & Acidize ☒

5. LEASE

LC - 031670 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SEMLI

8. FARM OR LEASE NAME

SEMLI PERMIAN

9. WELL NO.

34

10. FIELD OR WILDCAT NAME

SKAGGS GRAYBURG

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 19, T. 20S, R. 38E

12. COUNTY OR PARISH: 13. STATE

LEA NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3536' GR

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

1978

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 clean out and acidize subject well as follows to increase production as follows:

Rig up, kill well, pull prod. eqpt., clean out to 3783'

SET ESTR. PKR. @ ± 3600' & BAT 1500 gals of 15% HCl-NE acid w/ additives in 2 stages

① pump 750 gals @ 4-6 BPM. - divert w/ 500 lbs rock salt mixed w/ 350 gals

80 PP3 BRINE WTR w/ 30 LBS/1000 gal GUAR GUM.

② pump 750 gals @ 4-6 BPM. - displace w/ 30 bolts F.W. TETD w 2% KCl

PULL PKR & WKSTENG.

RUN prod. eqpt. place well on prod.

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

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

SIGNED Wm. A. Butterfield TITLE Administrative Supervisor DATE 8-23-78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED

AUG 25 1978

D. A. L.

ACTING DISTRICT ENGINEER

4366 [5] NMFu [4] FILE