

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 <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>	5. CASE NO. <u>031670 B</u>
2. NAME OF OPERATOR <u>Continental Oil Company</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 460 Houston, Tex. 77001</u>	7. UNIT AGREEMENT NAME <u>SEMU</u>
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: <u>660' GNL & 660' FWH</u> AT TOP PROD. INTERVAL: <u>-</u> AT TOTAL DEPTH: <u>-</u>	8. FARM OR LEASE NAME <u>SEMU McKee</u>
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. WELL NO. <u>11</u>
REQUEST FOR APPROVAL TO:	10. FIELD OR WILDCAT NAME <u>Shuren McKee</u>
TEST WATER SHUT-OFF <input type="checkbox"/>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 29, T-20S, R-38E</u>
FRACTURE TREAT <input type="checkbox"/>	12. COUNTY OR PARISH <u>Lee</u> 13. STATE <u>Tex.</u>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	14. API NO.
REPAIR WELL <input type="checkbox"/>	15. ELEVATIONS (SHOW DF, KDB, AND WD) <u>2531' KB</u>
PULL OR ALTER CASING <input type="checkbox"/>	
MULTIPLE COMPLETE <input type="checkbox"/>	
CHANGE ZONES <input type="checkbox"/>	
ABANDON* <input type="checkbox"/>	
(other) <input type="checkbox"/>	

(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.)*

In order to restore subject well to production it is proposed to
C.O. & acidize as follows:

- Rig up, clean out to 9192', set pks @ 9050'
- acidize perfs in stages of 800 gals, 1000 gals, 1200 gals 15% HCl 7% acid
- diverted w/ rock salt, brine water, guar gum.
- flush w 2% KCl water
- swab, place well on production

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

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

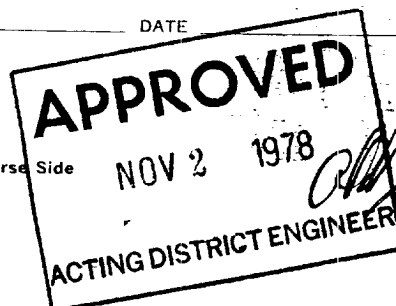
SIGNED Wm. A. Butterfield TITLE Admin. Supr. DATE 10-31-78

(This space for Federal or State office use)

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

USGS S
NMSU J
File.

*See Instructions on Reverse Side



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