

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 ☒ INJECTION well2. NAME OF OPERATOR
CONTINENTAL OIL COMPANY3. ADDRESS OF OPERATOR
Box 460 Hobbs N.M. 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL, 990' 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) CONV. TO INJECTION ☒☐
☐
☐
☐
☐
☐
☐
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☒

5. LEASE

LC-031695A(9)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SEMU

8. FARM OR LEASE NAME

SEMU MCKEE

9. WELL NO.

60

10. FIELD OR WILDCAT NAME

WARREN MCKEE

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

SEC 29, T. 20S, R. 38E

12. COUNTY OR PARISH 13. STATE

LEA

N.M.

14. API NO.

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

352.8' 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.)*

WORK DONE: RAN 2 JTS 2-3/8" TAILPIPE W/1.73" MODEL "R" NIPPLE
1 JT BELOW PKR. 5-1/2" BAKER MODEL A-2 PKR. W/MODEL FL
ON-OFF TOOL & 233 JTS 2-3/8" TEG. PKR SET AT 8765', CIRC
WELBORE W/175 BBLs PKR FLUID. PLACED WELL ON INJECTION.

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. Supv. DATE 9-11-78

(This space for Federal or State office use)

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

4SG5[5] NMFU[4] FILE

*See Instructions on Reverse Side

