

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
Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1980' FNL + 660' 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) *Proposed To Re-Perforate Blinobry*

5. LEASE
LC-063458
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Warren Unit
9. WELL NO.
20
10. FIELD OR WILDCAT NAME
Blinobry
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 34, T-20S, R-38E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3529' DF

(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.)*

Due To A Scale Problem In The Subject Well IT IS Proposed TO Re-Perforate The Blinobry AS Follows:

- 1. Load The well With Treated Fresh Water.*
- 2. Spot 250 Gals 15% Acid From 5940' TO 5790'.*
- 3. Perforate with 4" CSG Gun AT 5839', 42, 45, 48, 63, 65, 70, 73, 92, 5900', 05, 07, 10' W/ 2 JSPF.*
- 4. Run 2 7/8" TBG Set AT 5952' with Sealing Nipple AT 5921'*
- 5. Return The well TO Production.*

Verbal Approval Received From Mr. A.R. Brown 12-13-77.

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 *12-13-77*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

USGS-5, NMFA Partners 4, File.