

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: *660' FNL + 1980' FEL*
AT TOP PROD. INTERVAL: *5' MP*
AT TOTAL DEPTH: *5' MP*
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- | | | |
|-------------------------------------|-------------------------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) <i>Set 4 1/2" Prod. CSG</i> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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.)*

Drilled 6 1/2" hole from 2695' to 3750' T.D. 5:00 A.M. 4-4-78. Ran 4 1/2" 10.5#, K-55 CSG set at 3706' CMTd with 400 SX of class "C" CMT with additives. Plug down at 2:00 A.M. 4-5-78. Did not circ. CMT. Rel. Rig 4-5-78. Shut-in w/o compl. Rig. TOP of CMT at 600'

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

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

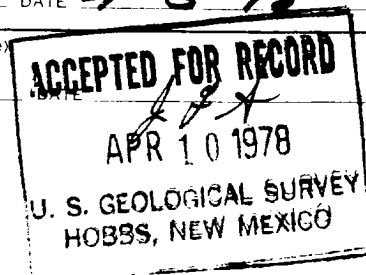
SIGNED *John A. Butterfield* TITLE *Admin. Supv.* DATE *4-6-78*

(This space for Federal or State office use)

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

5. LEASE
NM 2571
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Com. AGR 4726
8. FARM OR LEASE NAME
Phillips Hooper Fed. Com.
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Eumont G2S
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T-20S, R-37E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF. KDB, AND WD)
3512' GR

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



*See Instructions on Reverse Side

USGS(5) Partners (6) File

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11-14-2011 BY 60322
UCBAW