

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: *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 | <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 7" Intermediate 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 9 7/8" hole from 1245' to 2695'. Set 7", 23#, Intermediate CSG at 2695'. DV Tool set at 1724'. Cmt'd with 600 SK of CHES "C" cmt with additives. Plug down 3-27-78. Cmt circ to surface, therefore did not drop bomb & open the DV tool. WOC 18 hrs Pressure tested to 1800 PSI. Held OK. TOP of CMT at 1350'. Drilled ahead with 6 1/4" hole. * Drilled out the DV tool and float shoe.*

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

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

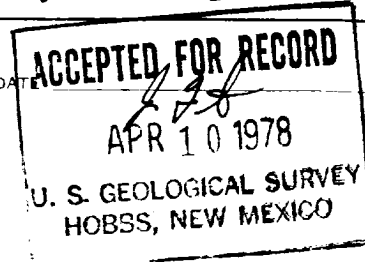
SIGNED *Wm. A. Butterfield* TITLE *Asst. Supv.* DATE *4-6-78*

(This space for Federal or State office use)

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

5. LEASE
NM 2511
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 Gas
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T-20S, R-37E
12. COUNTY OR PARISH 13. STATE
Lea 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

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CO. C. 100-100000
NOV. 11, 1918