Form 9-331
Dec. 1973

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

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 Lea
13. STATE N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3512' GR

	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) Set 10¾" Surface Csg		☒

(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.)*

Spudded 3-21-78 and drilled 14¾" hole to 1245'. Ran 10¾", K-55 csg set at 1245', cmtd with 850 sx of Class "C" cmt with additives. Plug down at 2:40 P.M. 3-23-78. Circ. approx. 200 sx cmt, WOC-4 hrs, Drld ahead with 9⅞" hole.

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

18. I hereby certify that the foregoing is true and correct
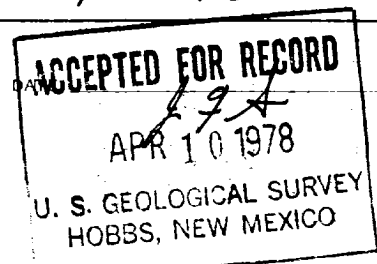
SIGNED Wm. L. Butterfield   TITLE Admin. Supv.   DATE 4-6-78

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

USGS (5), Partners (6), F, le