TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES

UNITED ST/ 3 DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

Form 9-331 Dcc. 1973	weeks to the street with	Form Approved. Budget Bureau No. 42–R1424
UNITED ST/ 3	5. LEASE	
DEPARTMENT OF THE INTERIO	R NM-	0.557686
GEOLOGICAL SURVEY		ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS Of (Do not use this form for proposals to drill or to deepen or plug reservoir, Use Form 9–331–C for such proposals.)		EEMENT NAME
1. oil gas well other	SEMU 9. WELL NO.	Eumont
2. NAME OF OPERATOR COTTINENTAL OIL COM	Dancy 10. FIELD OR V	NILDCAT NAME THE
3. ADDRESS OF OPERATOR BOX 460 Hobbs NM.	72/05/-	MINOR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARL below.)	Sac VI	.T- 205, R-37E
AT SURFACE: 23/6' FNL + 1980' AT TOP PROD. INTERVAL: 52 mg	12. COUNTY O	R PARISH 13. STATES
AT TOTAL DEPTH: 50 W. 2 16. CHECK APPROPRIATE BOX TO INDICATE NATURE.	TE OF NOTICE,	edo re cho cho re cho cho re cho cho re cho cho re cho re cho re cho re cho re cho re cho ch cho ch cho cho
REPORT, OR OTHER DATA	15. ELEVATION	NS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT	REPORT OF:	48 6 6 3 5 3 5 3 5 3 5 3 5 3 5 3 5 3 5 3 5
TEST WATER SHUT-OFF		Total by Control of the Control of t

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

ABANDON* 5454 Fol. Cs9 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 substitute locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Dild 7% Hola From 1350' TO 3810' TD. Am 52" 15,5-A, K.55 CS9 Sof AT 3810'. DV Tool 5- + AT 2703: CMTD 1st stise w/ 350 SX Ches "" CMT with 2% ACLZ, Plug Down AT 2:15 AM 10-9-77, Opened DV Tool and circ.

HHrs. CMTD 2nd Stage W/ 1150 5% Classic CMT with

2% CACLZ, Circ 300 5% Cm+ Back To surface. Plug Down

- 8:40 AM 10-277, Rel Rig 10-	4.77, WO COMPI, KIG.
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct SIGNED WWW.S. TITLE ADMW.S.	SUPP. DATE 10-11-77
(This space for Federal or State o	DATE
CONDITIONS OF APPROVAL, IF ANY:	OCCUTED FOR RECORD
•See Instructions on Reverse	Sile OCT LE 191 SURVEY

USG5-5, NMFU PITHOUS-4, M/a