

**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 1/2 (980' FWL)
AT TOP PROD. INTERVAL:
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) CHANGE WELL NUMBER

5. LEASE

LC-063458

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

WARREN

8. FARM OR LEASE NAME

WARREN UNIT

9. WELL NO.

56

10. FIELD OR WILDCAT NAME

WARREN BLINERBY-TL138

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 26, T. 20S, R. 38E

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3561.5' GR

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

SEP 11 1978

U. S. GEOLOGICAL SURVEY

HOBBS, NEW MEXICO

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.)*

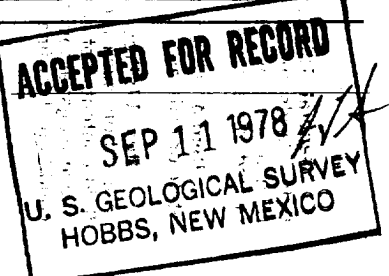
IT IS PROPOSED TO CHANGE THE NAME OF SUBJECT WELL FROM WARREN UNIT NO. 56 TO WARREN Unit No. 53. THIS CHANGE WILL REFLECT OUR ORDER OF DRILLING. THIS LOCATION WAS APPROVED 4-27-78 AS WELL NO. 56

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 9-8-78

(This space for Federal or State office use)

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

4466 [5], NMF4 [4] FILE.