

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 CO.
3. ADDRESS OF OPERATOR  
P.O. BOX 460 HOBBS, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660/S & 660/E  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) EXTEND APPROVAL ☒

## SUBSEQUENT REPORT OF:

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RECEIVED  
JUL 2 1979U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE  
LC 031670b
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
NMFU
8. FARM OR LEASE NAME  
WARREN Unit
9. WELL NO.  
62
10. FIELD OR WILDCAT NAME  
TUBB/BLINERBY
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC 20-20S-38E
12. COUNTY OR PARISH: LEA 13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3549'

(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.)\*

WE REQUEST THE APPROVAL PERIOD TO BE EXTENDED FOR ONE YEAR FROM THE INITIAL APPROVAL OF THE APPLICATION TO DRILL THE SUBJECT WELL.

THE WELL WAS ORIGINALLY APPROVED 1-23-79

Unless Drilling Operations have  
Commenced, this drilling approval  
Expires 1-22-80

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm A. Butterfield TITLE ADMINISTRATIVE SUPERVISOR DATE 6-28-79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:  
USGS S

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**APPROVED**  
JUL 3 1979  
ACTING DISTRICT ENGINEER