

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/N & 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:

SUBSEQUENT REPORT OF:

- TEST WATER SHUT-OFF ☐
 FRACTURE TREAT ☐
 SHOOT OR ACIDIZE ☐
 REPAIR WELL ☐
 PULL OR ALTER CASING ☐
 MULTIPLE COMPLETE ☐
 CHANGE ZONES ☐
 ABANDON* ☐
 (other) EXTEND APPROVAL ☒

(other) EXTEND APPROVAL X

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RECEIVED

JUL 22 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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 W. A. Sullivan 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

DAT

DATE **APPROVED**
JUL 3 1979
ACTING DISTRICT ENGINEER

1980-1981
1982-1983

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JUL 10 1973

O.C.D. HOBBS, OFFICE