

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 ☒ gas ☐
well well other2. NAME OF OPERATOR
CONTINENTAL OIL COMPANY3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FSL & 1980' FWL
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) set prod csg ☒☐
☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE

LC 063458

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Warren Unit

9. WELL NO.

75

10. FIELD OR WILDCAT NAME

Blindery Oil & Gas

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

SEC 34 T20S R38E

12. COUNTY OR PARISH

LGA

NM

14. API NO.

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

3518' GR

(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.)*

5-23-79 dild to 6130' TD
Ran 152 js 5 1/2, 117# csg set @ 6130'. DV tool @ 2974' FCE 6083'

ent 1st stage w/ 357 sx Class Cmt, laid in w/ 120 sx class Cmt.

circ DV tool 4 hrs. Cmt 2nd stage w/ 809 sx B-J lite circ 21 sx to surf.

Rel. rig.

RECEIVED

MAY 31 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

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

SIGNED Wm. A. Burt TITLE Admin. Supv. DATE 5-30-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

UGGS 5

NMFU 4

FILE.

*See Instructions on Reverse Side

