

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 ☒ gas ☐ other ☐  
well well  
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' FSL + 660' FWL*  
AT TOP PROD. INTERVAL: *Same*  
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 No. X*

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5. LEASE  
*LC-031670(b)*  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
*WARREN*

8. FARM OR LEASE NAME  
*WARREN UNIT*

9. WELL NO.  
*55*

10. FIELD OR WILDCAT NAME  
*Warren Blinobry-Tubb*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
*SEC 21, T. 20S, R. 38E*

12. COUNTY OR PARISH

13. STATE

*Lea*

*N.M.*

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
*3546' SA*

(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.)\*

*IT IS Proposed TO change The Well Number.  
OF Subject Approved Location From well NO. 47  
TO well NO. 55. This change will Reflect our  
order OF Drilling. This Location was Approved  
For Drilling 3-30-77, AS well NO. 47*

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

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

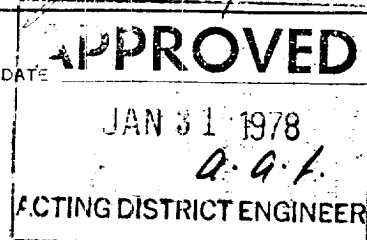
SIGNED *Bill A. Lee* TITLE *District Supervisor* DATE *January 26, 1978*

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_



\*See Instructions on Reverse Side

*USGS (5), NMFU (4), File (2).*

(F-100)

FEB 7 1978  
OIL CONSERVATION COMM.  
HORRS, N. M.