

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 INJECTION WELL
2. NAME OF OPERATOR
CONTINENTAL OIL COMPANY
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' FNL & 2005' FEL
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) ☐

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5. LEASE
LC 069515
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NORTH EL MAR
8. FARM OR LEASE NAME
NORTH EL MAR UNIT
9. WELL NO.
6
10. FIELD OR WILDCAT NAME
EL MAR DELAWARE
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 25, T. 26 S., R. 32 E
12. COUNTY OR PARISH
LEA
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)*

SUBJECT well acidized as follows:

10-24. M124, INSTALL BOP.

10-25 Set BP @ 4670'

10-26 Set PKR @ 4627'

spot 200 gals 15% HCl Ne acid
follow 300 bbls TFW.10-28 circ backside w/ PKR fluid.
place well on INJ.

10-31 INJ 300 BBPD @ 875psi

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

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

SIGNED Wm. R. ButterfieldTITLE Administrative Supervisor DATE 11-1-78

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:LOGS 5
PARTNER 9
FILE

*See Instructions on Reverse Side

