

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 COMPANY
3. ADDRESS OF OPERATOR
Box 460, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL +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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Re-Perforate</u>	<u>X</u>

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.)*

Rig up 2-24-78. POOH w/ Prod. Equip. Tagged fill at 4635'. Sand pumped + CO from 4635'-4654' TD. Ran gamma ray collar log. Re-Perf at 4613'-4620', 4638'-4645' w/ 2 JS PF. WIH w/ Prod Equip. Rig released 2-28-78. Tested 3-8-78 and produced 7 BO, 3 BW, 49 mcf G in 24 hrs.

5. LEASE
LC-069515
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
North E1 Mar Unit
8. FARM OR LEASE NAME
North E1 Mar Unit
9. WELL NO.
13
10. FIELD OR WILDCAT NAME
E1 Mar Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T-26S, R-32E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3124' DF

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

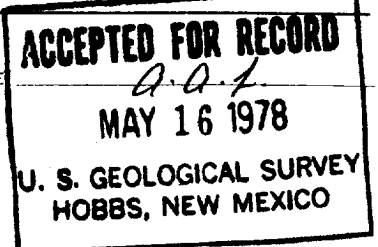
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Wm. A. Butterfield TITLE ADMIN. SUPV. DATE 5-12-78

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

USGS (5), Partners (9), File