

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, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *660' FNL + 1980' FEL*
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:

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

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

5. LEASE
LC-030168 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Favos A

9. WELL NO.
13

10. FIELD OR WILDCAT NAME

Scarborough Gates 7 Rivers

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T-26S, R. 37E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
2951' DF

(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 INCREASE PRODUCTION BY cleaning out and Acidizing AS Follows:*
- 1. Load well with Treated Fresh Water.*
 - 2. Pull Producing Equipment and Sand Pump if Necessary.*
 - 3. Run Tbg w/Treating Pkr Set AT \pm 3000'*
 - 4. Acidize with 1500 Gals 15% Acid and Flush with Treated Fresh Water.*
 - 5. Swab Back Load For 6 Hrs + Pull Treating Pkr.*
 - 6. Re-Run Producing Equipment and Return to Prod.*

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

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

SIGNED *Wm. A. Dutton* TITLE *ADMIN. SUPV.* DATE *12-2-73*

(This space for Federal or State office use)

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

APPROVED
DATE
DEC 5 1977
ARTHUR R. GROWN
SUPERVISOR

*See Instructions on Reverse Side

USGS (5), NMFL (4), File