

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
PO. Box 460 Hobbs N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL, 1980' FWL.
AT TOP PROD. INTERVAL: SAME
AT TOTAL DEPTH:
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) REPAIR CSG LK. X

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

5. LEASE
LC 030168 (b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFLI
8. FARM OR LEASE NAME
FAVES B-1
9. WELL NO.
11
10. FIELD OR WILDCAT NAME
SCARBOROUGH YATES TRUS
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 30 T. 26 S. R. 37 E
12. COUNTY OR PARISH
LEA
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3256' GL

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

AUG 22 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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 REPAIR A LEAK IN THE 5 1/2" prod. CSG OF SUBJECT WELL AS FOLLOWS:

- RIG UP, KILL WELL, prod. eqpt to be pulled.
- RUN RETR. B.P., packer, & work log to determine location of LEAK
- locate leak, attempt to circ. to determine extent of LK.
- squeeze leak w/ appropriate amt of cmt
- drill out plug and test to 600 psi. RESQUEAL IF NECESS.
- pull wk. STENG, BP.
- RUN prod. eqpt. place WELL ON 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

ADMINISTRATIVE SUPV

DATE

8-21-78

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

AUG 22 1978

O. A. L.
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

USGS [5], NMFLI [4], FILE

RECEIVED

1905

1905