

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: *1980' FNL + 660' 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: SUBSEQUENT REPORT OF:

- | | | |
|----------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF | ☐ | ☐ |
| FRACTURE TREAT | ☐ | ☐ |
| SHOOT OR ACIDIZE | ☐ | ☐ |
| REPAIR WELL | ☐ | ☐ |
| PULL OR ALTER CASING | ☐ | ☐ |
| MULTIPLE COMPLETE | ☐ | ☐ |
| CHANGE ZONES | ☐ | ☐ |
| ABANDON* | ☐ | ☐ |
- (other) *Set 5 1/2" Prod. CSG*

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.)*

Drld. 7 7/8" Hole From 1196' TO TD 3695'. Ron 5 1/2", 15.5#, K-55 CSG and Set AT 3683'. CMTD 1st Stage w/ 370 SX Class C CMT and 2% CACL2. 2nd Stage w/ 1130 SX Class C CMT and 2% CACL2. Bump Plug AT 6:15 PM 9-10-77. Rel. Rig AT 9:00 PM 9-25-77. W.O. Compl. Rig.

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. SERV.* DATE *9-19-77*

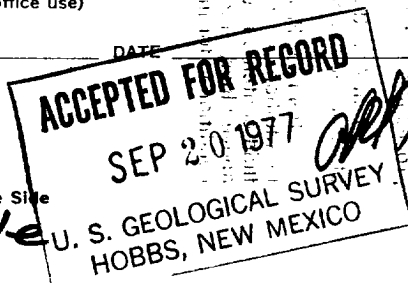
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

5. LEASE <i>LC-030 467 (b)</i>	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME <i>NMFU</i>	
8. FARM OR LEASE NAME <i>VAUGHN B-1</i>	
9. WELL NO. <i>7</i>	
10. FIELD OR WILDCAT NAME <i>Langlie Matrix Queen</i>	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 1, T. 24S, R. 36E</i>	
12. COUNTY OR PARISH <i>Lea</i>	13. STATE <i>N.M.</i>
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD) <i>3322' GR</i>	

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



USGS-5, NMFU Partners-4, File

*See Instructions on Reverse Side