UNITED STA. _3

UNITED STALLS DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE LC - 030467 (4) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME NMFU 8. FARM OR LEASE NAME
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR CONTINENTAL OI'L COMPANY	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	LANGLIE MATTIX
Box 460 HOBBS, Nm 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: 660 FNL & 560 FWL	SEC 12 T-245 R-36E 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: SPIME	LEA NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TREAT	
SHOOT OR ACIDIZE	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING MULTIPLE COMPLETE MULTIPLE MULTIP	change on Form 9–330.)
CHANGE ZONES	
ABANDON* (other) PAGE 2	
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 TO FAAC. LOAD HOLE W/ 67 Bbls TFW. Pump 3000 GAL PAD CONTAINING 25#/1000 GAL	
ADOMITE AQUA & 2 GAL/1000 GAL FSF. FOLLOWED	
W/ 2000 GAL PAD CONTNG 2#	
RALLEN MY 2000 CON PAD COM	/GAL /V/AB SAND.
FOLLOW W/ 2000 GAL PAD CONTNG 21/2#/GAL 10/20 SAND, FOLLOW W/ 2000 GAL PAD CONTNG 3#/GAL 10/20	
SAND. FLUSH TO PERFS W/ 85	BLIS MIN PST 1100
PSI & 29 BPm. MAX 1400	
INJ 1250 PSI @ 29 BPM	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
10. The archive partification for againg is true and correct	
SIGNED WW. Cl. V. Statterfield TITLE ADMINISTRAL DATE 11-14-77	
(This space for Federal or State o	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE

CIL CONSCRIVATION COMM.