

(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
P.O. Box 460 Hobbs N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1980' FSL* *660' FEL*
AT TOP PROD. INTERVAL: *-*
AT TOTAL DEPTH: *-*

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"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	<input type="checkbox"/>

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U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

5. LEASE
LC 032581 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
SHOLFS A

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
JALMAR-TANSILL-YATES-TRUCKS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 24 T25S R 36E

12. COUNTY OR PARISH
Leit

13. STATE
NM

14. API NO.

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

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.)*

IN ORDER TO INCREASE PRODUCTION FROM SUBJECT WELL, IT IS PROPOSED TO PLUG BACK THE LOWER TRIVERS PERFS AND ~~REPORT~~ ^{REPORT} THE UPPER TRIVES. ZONE AS FOLLOWS:

RIG UP AND KILL WELL IF NECESSARY.

squeeze lower part w/ 50% cont. i'co.

spot 100 gals 15% acid and perf 2892-2948 w/total of 63 shots.

pump in 800 gals 15% acid, follow w/ 1566/s TFN.

run prod eqpt.

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

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

SIGNED Wm. D. Butler TITLE Admin. Supv. DATE 12-20-78

(This space for Federal or State office use)

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

USGS 5
NMGA 4
File

***See Instructions on Reverse Side**

(e) **APPROVED**
DATE **DEC 22 1978**
[Signature]
ACTING DISTRICT ENGINEER