

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. Mexico 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL and 330' 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:

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

SUBSEQUENT REPORT OF:

- ☐
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RFE

5. LEASE LC 032 326(b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME NMFU
8. FARM OR LEASE NAME Jack B-27
9. WELL NO. 1
10. FIELD OR WILDCAT NAME Justice
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27 T-24S R-37E
12. COUNTY OR PARISH Lea 13. STATE N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
DF 3230'

(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.)*

Work to commence upon receipt of approval.

(1) Kill Well w/TFW-2%KCL, 1/1000 gal Adomall (2) Tag for fill, sand pump if nec.
(3) GIH w/Tbg. + packer. Set pkr. at $\pm 5150'$ (4) Acidize: Pump 2000 gals. 15% HCL-NE acid w/iron sequestering agent at 3-5 BPM. Drop 5 ball sealers after 1st 250 gals. + 5 balls every 250 gals. thereafter (35 balls total) Flush to perfs w/TFW. (5) Knock balls loose + POOH w/Tbg. + packer (6) GIH w/Rods + Tbg. Set OPMA at 5740' + SH at 5710'. Put on production.

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. Surv. DATE 2-9-78

(This space for Federal or State office use)

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

USGS (5), NMFU (4), File

*See Instructions on Reverse Side

