

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 Co
3. ADDRESS OF OPERATOR
P.O. Box 460 Hobbs NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *1650' FNL and 660' FCL*
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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JUN 11 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
0321613
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
JACK B-17
9. WELL NO.
5
10. FIELD OR WILDCAT NAME
Langlie Mattie Penrose
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 17 T24S R37E
12. COUNTY OR PARISH
LCA
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3264.1' GR

(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.)*

WE REQUEST THE APPROVAL PERIOD TO BE EXTENDED FOR ONE YEAR FROM THE INITIAL APPROVAL OF THE APPLICATION TO DRILL THE SUBJECT WELL. THE WELL WAS ORIGINALLY APPROVED APRIL 12, 1979

Unless Drilling Operations have
Commenced, this drilling approval
Expires 4-12-80

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

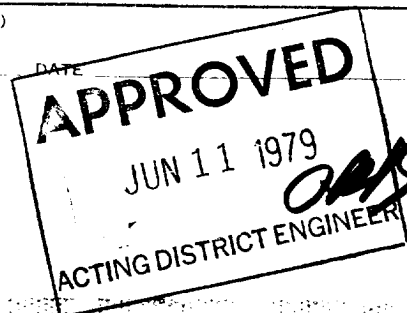
18. I hereby certify that the foregoing is true and correct

SIGNED *Wm A. Butler* TITLE *Admin. Secy* DATE *6-8-79*

(This space for Federal or State office use)

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

*See Instructions on Reverse Side



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**OIL CONSERVATION COM. 11
HONOLULU, HI.**