Form 9–331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions re-
verse side)

Form approved.
Budget Bureau No. 42–R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 032339 (b)

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 "APPLICATION FOR PERMIT—" for such proposals.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☒ GAS WELL ☐ OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR

Continental Oil Company

8. FARM OR LEASE NAME

Mattix

3. ADDRESS OF OPERATOR

Box 460, Hobbs, N.M. 88240

9. WELL NO.

2

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2080' FSL & 2080' FEL of Sec. 10

10. FIELD AND POOL, OR WILDCAT

Fowler Devonian

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 10, T-24S, R-37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3245' GR.

12. COUNTY OR PARISH | 13. STATE

Lea | *N.M.*

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☒
(Other) _____

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

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.) *

*Set pkr. @ 7349' & pumped 47 bbls. 28% acid.
Shut-in for 1 hr. & swabbed; well started flowing
& died. Re-ran producing eqpt. & returned to
production.*

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

SIGNED _____ TITLE *Sr. Analyst* DATE *10-24-74*

(This space for Federal or State office use)

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

USGS-5, NMFU-4, File *See Instructions on Reverse Side