

**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 <input checked="" type="checkbox"/> well gas <input type="checkbox"/> well other <input type="checkbox"/>		5. LEASE <u>LC 063458</u>
2. NAME OF OPERATOR <u>CONTINENTAL OIL CO.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. BOX 460 HOBBS, N.M. 88240</u>		7. UNIT AGREEMENT NAME <u>NWFEU</u>
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: <u>1980/N & 660/W</u> AT TOP PROD. INTERVAL: AT TOTAL DEPTH:		8. FARM OR LEASE NAME <u>WARREN UNIT</u>
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		9. WELL NO. <u>67</u>
REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:	10. FIELD OR WILDCAT NAME <u>TUAB/BLINEBRY</u>
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>S2C 25-20S-38E</u>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>	12. COUNTY OR PARISH <u>LEA</u> 13. STATE <u>NM</u>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>	14. API NO.
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>	15. ELEVATIONS (SHOW DF, KDB, AND WD) <u>3566'</u>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>	
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>	
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>	
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>	
(other) <u>EXTEND APPROVAL X</u>		

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

**U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO**

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS. (You may 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. 1-23-79

Unless Drilling Operations have
Commenced, this drilling approval
Expires 1-22-80

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

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

SIGNED W. A. Butterfield TITLE ADMINISTRATIVE SUPERVISOR DATE 6-28-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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