

Form 9-331  
Dec. 1973Form Approved.  
Budget Bureau No. 42-R1424UNITED 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 <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>	5. LEASE LC 031670 A
2. NAME OF OPERATOR CONTINENTAL OIL CO.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 460 HOBBS, N.M. 88240	7. UNIT AGREEMENT NAME SEMU
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1295/S & 1345/W. AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	8. FARM OR LEASE NAME SEMU PERMIAN
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. WELL NO. 105
	10. FIELD OR WILDCAT NAME Skaggs Grayburg
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 19 - 20S - 38E
	12. COUNTY OR PARISH LEA
	13. STATE NM
	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3533' GR

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

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

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RECEIVED

JUL 2 1979

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state 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. 5-16-79

Unless Drilling Operations have  
 Commenced, this drilling approval  
 Expires 5-15-80

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm 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:  
USGS S

\*See Instructions on Reverse Side

APPROVED  
 JUL 3 1979  
 ACTING DISTRICT ENGINEER