Form Approved. Budget Bureau No. 42-R1424 C 5 +

UNITED STATES 10 88210 DEPARTMENT OF THE INTERIOR CEOLOGICAL SURVEY RECEIVED

5.	LEASE	
	NM-	045274

DEPARTMENT OF THE INTERIOR	[[0][[-0456]]
GEOLOGICAL SURVEY RECEIVED	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.) ROSWELL DISTRICT	8. FARM OR LEASE NAME
1. oil gas	PENNY FEDERAL
well well other	9. WELL NO.
2. NAME OF OPERATOR CONOCO INC.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	UNDESIGNATED WOLFCAMP
P. O. Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	SEC. 23, T-205, R-24E
AT SURFACE: GGO FSL + 1980 FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	EDDY NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	TE STEWATIONS COLLOW DE LOD AND WE
REPORT, ON OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF A RECEIVE	Y8 G
FRACTURE TREAT SHOOT OR ACIDIZE	
REPAIR WELL	19 000 TE: Report results of multiple completion or zone
FUEL OR ALTER CASING []	charge on rothin s-coo.
MULTIPLE COMPLETE O. C. CHANGE ZONES	- ·
ABANDON*	PriCE
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner MIRU ON 6/15/83. SET PKR @	e all pertinent details, and give pertinent dates, irectionally drilled, give subsurface locations and it to this work.)* GGG5. TREAT PERFS
6683 - 6704 W/46 BBLS 15%	HCL-NE-FE. FLUSHED
W/270KCL TFW. REL PKR. F	
6704' W/A TOTAL OF 52,950	
20/40 SAND. FLUSHED W/97 BB	LS TFW. SWABBED. RAN
PRODUCTION EQUIPMENT. TESTED	0 BO, 18 BW, 4 176
MCF IN 24 HRS ON 6/29/ Subsurface Safety Valve: Manu. and Type	/83, Set @ Ft.

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

TITLE Administrative Supervisor

7/26/83

(This space for Federal or State office use)

 DATE .

*See Instructions on Reverse Side

SEP - 9 1983

ACCEPTED FOR RECORD