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Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
O. C. D.
ARTESIA, OFFICE

NOV 27 1984

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
CONOCO INC. ☒

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 1980' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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* ☐

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(other) cement casing, run logs

5. LEASE

NM-045275

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Vicki Federal

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Dagger Draw Upper Penn South

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

Section 26, T-20S, R-24E

12. COUNTY OR PARISH

Edgy

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

3650' GP

(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.)*

MIRU. Run CBL from 6000' up to TOC as determined by CBL. Set CIBP @ 7450'. Perf. 5' above TOC w/ 4 JSPP for total of 20 pkcs. Set pkr. @ 7400'. Cement w/appropriate volumes of class 'F' cement. Appropriate volumes determined by TOC depth. Run CBL from TOC to 500' and gamma spectrometry survey from 3650'-3350'.

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

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

SIGNED Wm A. Butcher TITLE Administrative Supervisor DATE 11/19/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 11-26-84
CONDITIONS OF APPROVAL, IF ANY: