

ARTESIA, NM 88210

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

C/SF
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 ☐ gas ☐ other ☐
well well

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: 660' FNL, 1650' 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* ☐
(other) extend approval ☒

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5. LEASE

NM 27907

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED

7. UNIT AGREEMENT NAME

NOV 17 1981

8. FARM OR LEASE NAME

Dagger Draw O. C. D.

9. WELL NO.

3

ARTESIA, OFFICE

10. FIELD OR WILDCAT NAME

North Dagger Draw Upper Penn

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

Sec. 25, T-19S, R-24E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

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

(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.)*

We request the approval for this well be extended for six months beyond the original expiration date of November 24, 1981.

RECEIVED
NOV 3 1981

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

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

SIGNED Wm. A. Dutton TITLE Administrative Supervisor DATE November 2, 1981

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) ROGER A. CHAPMAN

CONDITIONS OF APPROVAL, IF ANY
NOV 1 1981

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

APPROVED FOR 6 MONTH PERIOD
ENDING MAY 24, 1982

*See Instructions on Reverse Side