

SUNDRY NOTICES AND REPORTS ON WELLS

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: 990 FNL + 990 FWL

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) SQUEEZE CASING LEAK

RECEIVED

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

JUN 18 1983

U. S. GEOLOGICAL SURVEY
BIRMINGHAM, N. M.

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 ON 3/12/83. CO TO 5400'. SET RBP @ 5311' + PKR @ 5260'. LOCATED CSG LEAK BETWEEN 2075' + 2264'. DUMPED 10 GALS SAND DOWN CSG. SET PKR @ 1700'. SQUEEZED W/100 SXS CLASS "B" G5-35 POZ + 100 SXS RFC CEMENT. REL PKR. TAGGED CEMENT @ 2010' + 2012' OUT TO 2270'. CIRC W/200 BLS 2" HOLE REL PER RAN PRODUCTION EQUIPMENT. FLOWED 230' 23W, + 142 MCF IN 24 HRS ON 5/29/83.

RECEIVED
JUN 20 1983
23W, 4 142

OIL CON. DIV.
DIST. 3

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

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

SIGNED Wm. A. Benthley TITLE Administrative Supervisor DATE 6/13/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 1 1983

***See Instructions on Reverse Side**

NMCCC