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1. oil well of 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' F.M. 9 990' F.W. AT TOTAL DEPTH. AT TOTAL DEPTH. AT TOTAL DEPTH. AT TOTAL DEPTH.  AT TOTAL DEPTH.  BEQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF REPORT OF OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF REPORT OF CHANGE ZONE  REPORT OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF CHANGE ZONE  REPORT OR ACIDIZE  REPARATURE RENUT-OFF  REPORT OR CACIDIZE  REPORT OR CACIDIZE  REPARATURE TRAIN  HOLLER CASING  MULTIPLE COMPLETE  CHANGE ZONE  REPORT OR COMPLETE  CHANGE ZONE  REPORT OR COMPLETE  CHANGE ZONE  SET WELL  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.)  SET RBP @ 5500', Set Full bore retrievable cementer  @ 5400'. Pressure test RBP to 2500ps', Spot 5's and On top of BP. Pressure test csg for leaks. Squeeze    leaks W a minimum of 200 sx Class B' neat cmt W   2 Caci. Drill out cmt and pressure test to 1000ps',  Resqueeze A necessary. Place well on production.  Subsurface Safety Valve: Manu. and Type  Set © FI.  18. I hereby certify that the foregoing is trup-and correct  TITLE Administrative Supervisor  TITLE Administrative Supervisor  APPROVAL EARLY  AND CONDITIONS OF APPROVAL EARN:  11 DATE  APPROVAL EARLY  11 DATE  DATE  APPROVAL EARLY  12 COUNTY OR PARISH  13. SET, T., M., OR BLK. AND SUPERVISOR  13. SEC. T. J.W. R-SW  14 DESCRIBE ST. M. D. SET	(Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
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ABANDON* (other) Squeeze Caring Leak  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.)*  Set RBP @ 5500'. Set full bore retrievable cementer  @ 5400'. Pressure test RBP to 2500psi, Spot 5's and on top of BP, fressure test csg for leaks. Squeeze    leaks W a minimum of 200sx Class B' neat cmt w/  2% CaCl. Drill out cmt and pressure test to 1000psi.  Resqueeze A necessary. Place well on production.  Subsurface Safety Valve: Massu, and Type  Set @ Ft.  18. I hereby certify that the bregoing is true and correct  SIGNED TITLE Maministrative Supervisor DATE  ONTE FURTHER ORD  TITLE Maministrative Supervisor  DATE		
(other) Squeeze Casing Leak  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.)*  Set RBP @ 5500.' Set full bore retrievable cementer  @ 5400.' Pressure test RBP to 2500ps/, Spot 5's and  on top of BP. Pressure test csg for leaks. Squeeze.    leaks W a minimum of 200 sx Class B' neat cmt W  2/0 CaCl. Drill out cmt and pressure test to 1000ps/,  Resqueeze if necessary. Place well on production.  Subsurface Safety Valve: Manu. and Type  Set @ Ft.  18. I hereby certify that the foregoing is true and correct  SIGNED WAL Q: Described Title Administrative Supervisor DATE  (This space for Federal or Assistance DATE  OATE DATE  OATE DATE  OATE  OATE  OATE  OATE  OATE  DATE		
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.)*  Set RBP @5500/. Set full bore retrievable cementer.  @5400/. Pressure test RBP to 2500ps/. Spot 5's and on top of BP. Pressure test csg for leaks. Squeeze.    leaks W a minimum of 200sx Class B' neat cmt w/  200 CaCl. Drill out cmt and pressure test to 1000ps/.  Resqueeze if necessary. Place well on production.  Subsurface Safety Valve: Manu. and Type		
@5400! Pressure test RBP to 2500psii Spot 5's and on top of BP. Pressure test csg for leaks. Squeeze. leaks w a minimum of 200 sx Class' B' neat cmt w 2% CaCl. Drill out cmt and pressure test to 1000psi. Resqueeze if necessary. Place well on production.  Subsurface Safety Valve: Manu. and Type	including estimated date of starting any proposed work. If well is o	lirectionally drilled, give subsurface locations and
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22 CaCl. Drill out cont and pressure test to 1000psi.  Resqueeze if necessary. Place well on production.  Subsurface Safety Valve: Massu. and Type		
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Resqueeze of necessary. Place well on production.  Subsurface Safety Valve: Manu. and Type	2% CaCl. Drill out cont and press	sure test to 1000 psi.
18. I hereby certify that the pregoing is true and correct  SIGNED TITLE Administrative Supervisor DATE  (This space for Federal or Atalog File 188)  APPROVED BY TENEDRO TITLE  CONDITIONS OF APPROVANCE ANY:	Resqueeze if necessary. Place we	11 on production.
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