

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: 820' FNL & 610' 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) *ran production*

(other) ran production csq

(NOTE: Report results of multiple completion or zone change on Form 9-3330)

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.)*

Reach TD 10/31/80. Ran logs. Set $5\frac{1}{2}$ ", 15.5 #, K-55, LTC csq.
set at 8011' KB. Cmt'd in 2 stages: 1st stage - 835 sx 50/50 Pozmix
w/ $\frac{1}{4}$ #/sx flocele, followed by 280 sx Class B neat. Second stage -
1119 sx 50/50 Pozmix, followed by 100 sx Class B. Circ. 60 bbls
to surface

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

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

SIGNED W. A. T. Dwyer TITLE Administrative Supervisor DATE 11/3/80

(This space for Federal or State office use)

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

U.S.S.
SEA
AIR
FILE

BN

*See Instructions on Reverse Side