

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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: 1000' FNL & 1050' 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:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐

(other) ran surface csq.

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☒

5. LEASE
Contract 36
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ticarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Northeast Haynes
9. WELL NO.
4E
10. FIELD OR WILDCAT NAME
Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 21, T. 24N, R. 5W
12. COUNTY OR PARISH
Rio Arriba
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.)*

MIRU. 3/10/81. Ran 8 5/8", 24#, STC csq at 325'. Cmt'd w/ 209 SX Class B cement w/ 2% CaCl₂. Circulate 10 bbl's. to surface.

ACCEPTED FOR RECORD

MAR 17 1981

Subsurface Safety Valve: Manu. and Type

FARMINGTON DISTRICT

Set @ _____ Ft.

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

SIGNED: W. A. Miller TITLE: District Engineer DATE: March 11, 1981

(This space for Federal or State office use)

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

NMOCC