

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 ☒ gas ☐ other ☐  
well 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: 600' FNL + 430' 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) SHUT OFF WATER ☒ ☐

5. LEASE  
CONTRACT 64

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
JICARILLA APACHE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
JICARILLA 20

9. WELL NO.  
9

10. FIELD OR WILDCAT NAME  
W. LINDRITH GALLUP DAKOTA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 20, T-25N, R-4W

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. CO TO 8100'. SET CIBP @ 8040'.  
SPOT 5' SAND ON TOP. RUN PRODUCTION  
EQUIPMENT. SWAB. TEST.

(VERBAL APPROVAL BY STEVE MASON 12/19/83.)

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W. A. Butterfield TITLE Administrative Supervisor DATE 12/19/83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

NMOCC

APPROVED

DEC 23 1983  
M. WILLENBACH  
AREA MANAGER