

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: 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:

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

SUBSEQUENT REPORT OF:

- ☒
☐
☐
☐
☐
☐
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☐
☐
☐

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)
APR 12 1984

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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. LINDRETH GALLUP DAKOTA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 20, T25N, R4W
12. COUNTY OR PARISH
RIO ARRIBA
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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 12/19/83. SET CIBP @ 8030'.
RAN PRODUCTION EQUIPMENT. SWABBED.
TESTED 9 BO, 17 BW, + 108 MCF IN
24 HRS 3/27/84.

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APR 25 1984

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 W. A. Butterfield TITLE Administrative Supervisor DATE 4/6/84

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

APR 21 1984

FARMINGTON RESOURCE AREA

BY KI

*See Instructions on Reverse Side

NMOCC