

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: 1050' FSL + 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) SPUD, RUN CASING ☒

SUBSEQUENT REPORT OF:

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RECEIVED RECEIVED

SEP 14 1983

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

CONTINENTAL LAND MANAGEMENT
FARMINGTON RESOURCE AREA

OLIVER, JR.
DIST. 9

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. SPUD @ 9:30 PM ON 9/7/83. RAN
7 JTS OF 9 5/8" 36 # ST+C CSG SET @
304'. CEMENTED W/ 225 SXS CLASS "B" W/
2% CaCl₂. CIRC 50 SXS. WOC.

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

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE 9/12/83

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

SEP 15 1983

*See Instructions on Reverse Side

MOCC

FARMINGTON RESOURCE AREA
FARMINGTON, NEW MEXICO

BY