

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

[Signature]
DISTRICT SUPERVISOR

WELLS AND REPORTS ON WELLS

(Do not use this form for prospects to drill or re-drill or plug back for a new well. Use Form O-13140 for such operations.)

1. oil well gas well other *10,000 gallon*

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 400, Hobes, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. THE WELL IS AT SURFACE: *SID FALLS 9-21007 W.*
AT TOP PROD. INTERVAL: *---*
AT TOTAL DEPTH: *---*

5. WELL IDENTIFICATION NUMBER

6. WELL IDENTIFICATION NAME

7. WELL IDENTIFICATION NUMBER

8. WELL IDENTIFICATION NAME

9. COUNTY, STATE, AND SURVEY OR

10. COUNTY, STATE, AND SURVEY OR

11. COUNTY, STATE, AND SURVEY OR

12. CHECK APPROPRIATE BOX TO INDICATE NATURE OF REPORT, OR OTHER DATA

13. DIVISIONS (SHOW DE, CDB, AND WD)

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT ON:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	<input type="checkbox"/>
NEED FOR VOIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
TOOL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETS <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <input type="checkbox"/>	<input type="checkbox"/>

* Do not report results of multiple completion or zone change (see O-13140)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS, including estimated date of starting, completion, and date of completion, including estimated date of starting, completion, and date of completion, including estimated date of starting, completion, and date of completion.

Clean out to PPTD, 7049'. Frac McKee perforations with fluid pad and 405 lbs crosslinker. Shut in and 10/20/82. Flush to bottom of perforations and CO to 9044', set pressure control valve and to injection.

Subsurface Safety Valve: Make and Type _____ Set At _____ ft.

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

SIGNED *[Signature]* DISTRICT SUPERVISOR

APPROVED BY *[Signature]*
FOR
JAN 31 1983
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

RECEIVED

JAN 28 1983

MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

RECEIVED
FEB 3 1983
O.C.P.
HOBBS OFFICE