

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 **TA'D**

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: **2310' FSL + 330' 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:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) COMPLETE <input checked="" type="checkbox"/>	

5. LEASE
LC-032581(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
SHOLES A AC/1

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
JALMAT GAS

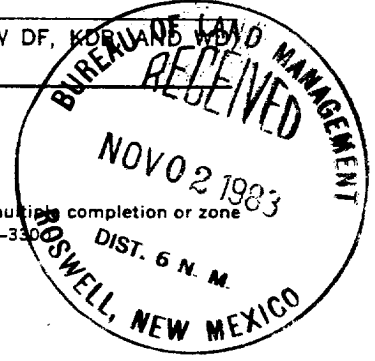
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 24, T-25S, R-36E

12. COUNTY OR PARISH **LEA** 13. STATE **NM**

14. API NO.

15. ELEVATIONS (SHOW DF, FOR

(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.)*

PLEASE SEE ATTACHED PROCEDURE. THIS REPLACES THE PROCEDURE APPROVED BY BLM 8/6/82. NMOC D APPROVAL FOR A NON-STANDARD PRORATION UNIT AND UNORTHODOX LOCATION IS ALSO ATTACHED.

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

18. I hereby certify that the foregoing is true and correct
SIGNED *Peter W. Chester* TITLE Administrative Supervisor DATE 11/1/83

APPROVED BY (Orig. Sgd.) PETER W. CHESTER (This space for Federal or State office use)
TITTLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NOV 8 1983