

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.)

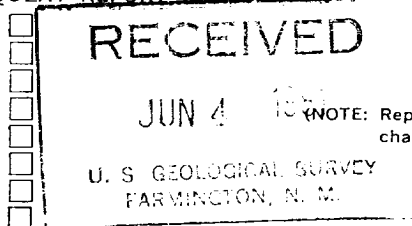
1. oil well ☒ gas well ☐ other _____
2. NAME OF OPERATOR
CONOCO INC.
3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 810' FNL & 1825' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE *Contract 41*
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ticarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Ticarilla 30
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Gallup Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 29, T-25N, R-4W
12. COUNTY OR PARISH | 13. STATE
Rio Arriba | *NM*
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

REQUEST FOR APPROVAL TO:

- | | |
|---------------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> |
| (other) <i>information only</i> | |

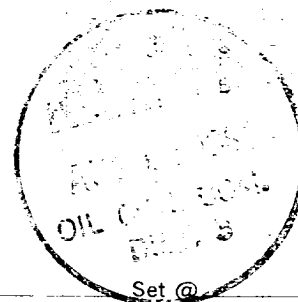
SUBSEQUENT REPORT OF:



(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.)*

In reference to our sundry notice of May 29, 1981, the packer will be set at 5372', not 5472'.



Subsurface Safety Valve: Manu. and Type

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

SIGNED W. H. Ball TITLE Administrative Supervisor DATE June 2, 1981

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL: _____

For JAMES F. SIMS
DISTRICT ENGINEER

See Instructions on Reverse Side