

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 ☒ gas ☐  
well well other

2. NAME OF OPERATOR CONOCO INC.

3. ADDRESS OF OPERATOR P.O. Box 450, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1650' FNL & 850' 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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) SHUT-OFF DAKOTA ZONE TO ELIMINATE WATER AND INSTALL PLUNGER LIFT

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. CO TO 8017'. SET CIBP AT 7987'. DUMPED 7 GALS SAND FROM 7987-7980'. SET TUBING AT 7921' W/ SN AT 7891'. SWABBED. INSTALLED PLUNGER LIFT. TESTED WELL. 17 BO, 13 BW, 94 MCF IN 24 HRS.

5. LEASE

CONTRACT 65

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

JICATILLA APACHE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

JICATILLA 22

9. WELL NO.

12

10. FIELD OR WILDCAT NAME

WEST LINDITH GALLUP DAKOTA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 15, T-25N, R-4W

12. COUNTY OR PARISH

RIO ARriba

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

OIL COMPLETION  
DISC.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W. A. Butterfield Administrative Supervisor DATE 5-19-83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NMCCG

\*See Instructions on Reverse Side

MAY 25 1983  
June 15, 1983

AK