DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

UNITED STATES OF THE INTERIOR GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME NMFU 8. FARM OR LEASE NAME
1. oil gas other 2. NAME OF OPERATOR CONOCO INC.	SEMU McKee 9. WELL NO. 59
3. ADDRESS 050 OPERATOR N.M. 88240	10. FIELD OR WILDCAT NAME Warren McKee 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660'FSL \$ 660'FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	AREA Sec. 20, T-205, R-38E 12. COUNTY OR PARISH 13. STATE Lea NM 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

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

Resum17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertanent 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.)*

Rel. pkr. CO to top of liner (8960'). Set RBP @ 9000'. Set pkr. above RBP and pressure test RBP to 2000 psi w/ TFW. When casing leak interval is found, Set RBP 50' below bottom of interval and spot 20' sand on top of RBP. Set pkr. 50' above casing leak interval. Squeeze interval w/10csx Class'c' cement w/2% cacl. WOC 18 hrs. POOH w/pkr. DO Cement. Pressure test squeeze, repeat squeeze procedure as necessary. POOH W/RRP. Set DKr@ 89001. Acidize perfs w/500 gal 15% HCL-NE-FE. Return to Inject.

Subsurface Safety Valve		· //L/d/2e ports / -	-	@ Ft
18. I hereby certify that	t the foregoing is true a	and correct		
SIGNED WWG- T	esterfield	Administrative Supervisor	r DATE 3/7,	183
A		nis space for Federal or State office	e use)	
APPROVED BY	n en	TITLE	DATE	
CONDITIONS OF APPROVA	MAR 11 198)	1		
FOR	MAR A 1 1007			
	MARLING A SEC			

DISTRICT SUPERVISOR *See Instructions on Reverse Side

MAR 1 1 1983
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PLOSES OFFICE