

Form 9-331  
Dec. 1973Form Approved.  
Budget Bureau No. 42-R1424UNITED 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 proposal.

1. oil ☐ gas ☐  
well ☐ well ☐ other ☒ inj. WELL
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: 660/S 660/W  
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) ☐

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5. LEASE

AC 031670 6

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SEMU

8. FARM OR LEASE NAME

SEMU MCKEE

9. WELL NO.

59

10. FIELD OR WILDCAT NAME

MCKEE

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

SEC 20 20S 20E

12. COUNTY OR PARISH 13. STATE

LEANM

14. API NO.

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

3550' DF

(NOTE: Report results of multiple completion or zone change on Form 9-333.)

U. S. GEOLOGICAL SURVEY  
HOBBS NEW MEXICO

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.)

subject well reported as follows:

7-25-79 19124, pool w/pkr, inj. eqpt.

Report @ 9078, 81', 86', 89', 9103', 08' 11", 14', 18', 23', 27',

RIH w/inj eqpt. place well on injection

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

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

SIGNED Wm. J. Ditter TITLE Admin. Supv DATE 7-26-79

(This space for Federal or State office use)

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

LISGS 5

NMFU A

FILE

\*See Instructions on Reverse Side

