Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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: 1980' FNL & 1980' FWL
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH:

5. LEASE
LC-031695 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
SEMU

8. FARM OR LEASE NAME
SEMU Warren

9. WELL NO.
10

10. FIELD OR WILDCAT NAME
Warren Devonian

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29, T-20S, R-38E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

14. API NO.

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

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) recomplete to McKee pay		

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U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

(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.)*

It is proposed to recomplete subject well as follows:
MIRU. Pull SV @ 7722' POOH w/ tbg. Establish injectivity rate into Devonian perfs. @ 7764'-7781'. Squeeze cmt. perfs w/ 100 sk. Class "C" cmt. Drill out cmt. to ± 7800'. Drill out CIBP @ 7845'. CO well to 8978'. RIH w/ tbg. & set SN @ ± 8870'. Install test pmpg. unit. Return well to production & test.

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

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

SIGNED W. A. Rutherford TITLE Admin. Supervisor DATE 10/4/79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
USGS-5
NMFU-4
FILE

APPROVED
OCT 15 1979
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side