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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 ☒ gas ☐ other ☐
well 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: 1980' FSL, 660' FWL
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) shutoff water flow ✓

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5. LEASE

NM-1327

RECEIVED

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Barbara Federal Corn, OFFICE

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

North Dagger Draw Upper Penn

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

Sec. 17, T-19S, R-25E

12. COUNTY OR PARISH

Eddy

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.)

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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.)*

Release pkr at 7562'. Set retrievable pkr at 7720'. Pressure test csg to 1000 psi down backside. If a hole is found, POOH w/ pkr. and set a RBP at 7720' and a pkr at 10' above the csg. leak. Squeeze w/ Class C cmt. Drillout cmt. and pressure test. Do the following if no holes are found. Set pkr at 7825'. Pressure test thru tbg to 1000 psi. If hole is found, squeeze w/ Class C cmt. CO to TD. If these procedures do not indicate a leak, then run a temperature log. If a behind the pipe channel is indicated, a detailed squeeze procedure will follow.

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

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

SIGNED W. G. B. Smith TITLE Administrative Supervisor DATE March 25, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

APR 14 1982

JAMES A. GILLHAM