NM OIL CONS. COMMISSION Drawer DD Form 9-331 88210 Artesia, NV Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 **UNITED STATES** 5. LEASE DEPARTMENT OF THE INTERIOR NM 045274 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT 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.) 8. FARM OR LEASE NAME Penny Federal PECFIVED oil well well other 9. WELL NO. 2. NAME OF OPERATOR 2 1981 NOV CONOCO INC. 10. FIEKD OR WILDCAT NAME Tooga Morrowlad 3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240 (1) 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) Sec. 23, T-205, K-24E AT SURFACE: 1650FNL \$ 1780 FEL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 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 Report results of multiple completion or zone PULL OR ALTER CASING ange on Form 9-330.) 20 1981 MULTIPLE COMPLETE CHANGE ZONES ABANDON* Oil & GAS U.S. GEOLOGICAL SURVEY (other) information ROSWELL, 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.)* Attached is the archaeological report for the subject well. Anticipated spud date is November 20,1981. Subsurface Safety Valve: Manu, and Type _ Set @ _____ 18. I hereby certify that the foregoing is true and correct DATE Detober 19, 1981 Administrative Supervisor (This space for Federal or State office use)

*See Instructions on Reverse Side

OCT 30 1981

JAMES A. GILLHAM

DATE

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APPROVED BY

CONDITIONS OF APPROVAL, IF ANY: