

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD

Artesia, NM 88210

5. LEASE

NM 045274

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Penny Federal ~~Land~~

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

South ~~Wing~~ Morrow

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

Sec. 23, T-20S, R-24E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

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

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

NOV 1 1981

2. NAME OF OPERATOR
CONOCO INC.

C. C. F.

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

ARTESIA, NM

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1650'FNL & 1780'FEL

AT TOP PROD. INTERVAL: —

AT TOTAL DEPTH: —

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON ☐
(other) location change ☒

SUBSEQUENT REPORT OF:

☐ **RECEIVED**
OCT 14 1981
OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, 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.)*

We are moving the subject location from 1650'FNL & 1980'FEL to 1650'FNL & 1780'FEL to avoid an existing gas line. Attached are new location plats showing dedicated acreage. An archaeological study will follow. The anticipated spud date of this well is November 20, 1981.

Posted ID-2
+ NL Book
Amended location
Ft. 11-13-81

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

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

SIGNED W. A. Butterfield TITLE Administrative Supervisor

DATE October 13, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

OCT 30 1981

DATE

JAMES A. GILLHAM
DISTRICT SUPERVISOR