

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.)

RECEIVED

1. oil ☐ gas ☒ other ☐
well well

2. NAME OF OPERATOR
CONOCO INC.

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

O. C. D.
ARTESIA, OFFICE

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

AT SURFACE: 990' FSL & 990' 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) change acreage dedication and pool

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

NM-045276

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Preston Federal

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Indian Basin Upper Penn Pool

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

Sec. 34, T-20 1/2 S, R-23 E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. API NO.

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

(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.)*

Division Order No. R-2945 approved the non-standard location and proration unit for this well. Dedicated acreage should be 688 acres consisting of Sections 34 and 35, T-20 1/2 S, R-23 E. See the attached plat.

The pool name should be changed from South Dagger Draw Upper Penn to Indian Basin Upper Penn.

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

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

SIGNED ROGER A. CHAPMAN

TITLE Administrative Supervisor

DATE November 24, 1981

(This space for Federal or State office use)

APPROVED BY DEC 3 1981
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO