

NM OIL CONS. COMMISSION  
Drawer DD  
Artesia, NM 88210

RECEIVED

SEP 25 1981

Form 9-331  
Dec. 1973

Form Approved.  
Budget Bureau No. 42-R1424

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

O. C. D.  
ARTESIA, OFFICE

5. LEASE

NM 0454228 - A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Levers Federal

9. WELL NO.

2

10. FIELD OR WILDCAT NAME  
Springs - Catclaw Draw Morrow

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

Sec. 2, T-21S, R-25E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. API NO.

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

C/SF  
**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 ☒ Salt Water Disposal

2. NAME OF OPERATOR  
CONOCO INC.

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

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

AT SURFACE: 1650' FSL & 1650' 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:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☒ Convert to SWD Well

SUBSEQUENT REPORT OF:

RECEIVED  
SEP 22 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.)\*

Load hole w/2% KCl w/1gal./1000 gals. Aquaflo. Set retainer @8400'. Squeeze under retainer w/250 sx. Class 'H' cement w/.8% Halad-9. Spot 5 sx. on top of retainer. WOC 12 hours. Pressure test to 1000 psi. Perforate 64 shots from 8144'-8160'. Set packer @ ±8100'. Test swab.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm. A. Bentley TITLE Administrative Supervisor DATE September 18, 1981

APPROVED  
(This space for Federal or State office use)  
(Orig. Sgd.) PETER W. CHESTER

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY: \_\_\_\_\_

SEP 24 1981

FOR  
JAMES A. GILLHAM  
DISTRICT SUPERVISOR

See Instructions on Reverse Side