rm 9–331 lec. 1973	Form Approved. Budget Bureau No	o. 42–R1424
UNITED STATES	5. LEASE	# # T
C/5 DEPARTMENT OF THE INTERIOR	NM-34458	<u> </u>
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE	NAME
SUNDRY NOTICES AND REPORTS ON V		
o not use this form for proposals to drill or to deepen or plug back t servoir. Use Form 9–331–C for such proposals.)	a different	MAR 30
l. oil gas	8. FARM OR LEASE NAME Federal 34	
well well other 2. NAME_OF_OPERATOR	9. WELL NO.	Aprox
CONOCO INC.	10. FIELD OR WILDCAT NAME	
ADDRESS OF OPERATOR N.M. 88240	Springs Upper Pennic	30
LOCATION OF WELL (REPORT LOCATION CLEARLY, See	Space 17 AREA AREA	SURVEY OR
below.)	Sec. 34, T-205, R-26	E
AT SURFACE: 960'FSL \$ 1980'FWL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STAT	E ~
AT TOTAL DEPTH:	Eddy NM	or set
. CHECK APPROPRIATE BOX TO INDICATE NATURE OF	NOTICE 14. API NO.	新 基度
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB,	AND WD)
EQUEST FOR APPROVAL TO: SUBSEQUENT REPO	그 그 기계	
ST WATER SHUT-OFF		를 하는 것 6 : 1 등
RACTURE TREAT		i vi
HOOT OR ACIDIZE	əদেগগৈ তা নী উটা চিট্	135
JLL OR ALTER CASING	MataTE Report results of multiple complete angle on Form 9–330.)	etion or zone
ULTIPLE COMPLETE	AR 27 1981	
HANGE ZONES	All safes of the	∄8.00 3 .
ther) was known	Controver Color Desired States	
		3
 DESCRIBE PROPOSED OR COMPLETED OPERATIONS (including estimated date of starting any proposed work. 	It well is directionally drilled give subsurface lov	nent dates, cations and
measured and true vertical depths for all markers and zon	es pertinent to this work.)* 설명 및 기계	
	ି କୁଲିଗୁର କିଲ୍ଲି କିଲ୍ଲିଗ୍ରିକ କିଲ୍ଲିଗ୍ରିକ କିଲ୍ଲିଗ୍ରିକ କିଲ୍ଲିଗର କିଲ୍ଲିଗର କିଲ୍ଲିଗର କିଲ୍ଲିଗର କିଲ୍ଲିଗର କିଲ୍ଲିଗର କିଲ	
It is proposed to plugback and con	plete the subject well as a so	ring
		775
Upper Penn (Cisco) gas well.	: (1	1. S. J. S.
•	e su de la companya d	
bee attachments for procedures	See ad liv to volupe see also also also dupe see also also dupe see also de also dupe de also de also de de also de also de also de also de also de also de also de also de also de also de also de also de de also de also de also de also de de also de also de also de also de de also de also de also de also de also de de also de also de de also de als	3 <u>9</u> 3 5 ,
or when the procedures	7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	3 3 3 3 3 3 3 3 3 3
1. 11.11 1 1 1.1 1	· · · · · · · · · · · · · · · · · · ·	2 VIST (
No additional surface disturbance	required,	
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	मुक्ता के कि	9 जुड़ है 75 क
ubsurface Safety Valve: Manu. and Type	20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
•	og m 38t (W) 35 d	7 4 2 5 Th
8. I hereby certify that the foregoing is true and correct	10 m	- 42 Sec
GNED Was Q. Tutterfred TITLE Administ	ative Supervisor DATE March 25, 1981	(4)
GNED TITLE Administ		·
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