

(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

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: 2310' FNL ; 1290' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

(other) RAN csq, Cmt

--	--	--	--	--	--	--	--

RECEIVED

(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.)\*

RAN 150 jts 5-1/2", 17# Butress K-55 csg. Cmt 1st stage  
w/1355 SX CLASS H cmt plus 3% KCL & 1% HA/ad - 9 w/1/4#s  
cellflake. Circ. w/150 SX cmt. Cmt 2nd stage w/2100 SX CLASS  
H light plus 6% gel w/1/4# / SX CLASS "H"

ACCEPTED FOR RECORD

**MAY 26 1982**

U.S. GEOLOGICAL SURVEY  
correct  
ROSWELL, NEW MEXICO

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

TITLE ~~Administrative~~ Supervisory

DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**TITLE**

DATE \_\_\_\_\_