

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.)

1. oil ☐ gas ☒ other

2. NAME OF OPERATOR
CONOCO INC.

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 1980' 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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Test Bone Springs

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5. LEASE

NM 028876

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

James Ranch Unit

8. FARM OR LEASE NAME

James Ranch Unit

9. WELL NO.

7

10. FIELD OR WILDCAT NAME

Los Medanos Morrow

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

Sec. 6, T-23S, R-31E

12. COUNTY OR PARISH

Eddy

13. STATE

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.)*

The Bone Springs formation was perfed in 1974 at 11,017', 21', 32', 38', 46', and 11,052' w/ 4-JSPF. At that time the zone was non-commercial and was subsequently squeezed w/ 50sx. cmt. It has been discovered the perms have developed leaks and Bone Springs production has been re-established. At this time we are testing the Bone Springs to determine if this zone is now commercial.

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

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

SIGNED Wm A. Brutter TITLE Administrative Supervisor

DATE August 20, 1982

APPROVED BY _____ (This space for Federal or State office use)

APPROVED BY _____ CHIEF TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 27 1982

FOR

JAMES A. GILHAM • See Instructions on Reverse Side
DISTRICT SUPERVISOR