

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 well ☐ gas well ☒ 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) Information

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

NOV 12 1982

O. C. D.
ARTESIA OFFICE

5. LEASE
NM 02887 (a)

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
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
2200

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.)*

In reference to a phone conversation between Mike Williams of NMCCD, Artesia and Blake Stanfield of our office, attached is a schematic of the subject well indicating the separation of the Morrow and the Bone Springs formations. The Morrow is temporarily abandoned and we are presently producing from the Bone Springs. If there is any further information required, please contact this office.

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

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

SIGNED Peter W. Chester TITLE Administrative Supervisor DATE 11-2-82

ACCEPTED FOR RECORD
PETER W. CHESTER
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY

NOV 10 1982
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO