

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: 1090' FNL & 820' 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: SUBSEQUENT REPORT OF:

- |                                |                          |                          |
|--------------------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF            | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT                 | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE               | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL                    | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING           | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE              | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES                   | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON*                       | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) TD, ran production csg |                          | X                        |

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.)\*

Reached TD of 2560' on 6/18/82. Ran 3 1/2", 9.3#, J-55 csg. set at 2560'.  
Cemented w/ 300sx Lite Class B, tail w/ 100sx Class B w/ 2% CaCl<sub>2</sub>.  
Circulate 50sx to surface.

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE  
Contract 36  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
Ticarilla Apache  
7. UNIT AGREEMENT NAME  
8. FARM OR LEASE NAME  
N.E. Haynes  
9. WELL NO.  
14  
10. FIELD OR WILDCAT NAME  
Ballard Pictured Cliffs  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 22, T-24N, R-5W  
12. COUNTY OR PARISH  
Rio Arriba  
13. STATE  
NM  
14. API NO.  
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE June 21, 1982

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

JUN 21 1982

5m

NMOCC