

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 & 1930' FEL
 AT TOP PROD. INTERVAL:
 AT TOTAL DEPTH:

5. LEASE
 LC-031741(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
 NMFU

8. FARM OR LEASE NAME
 Hawk A

9. WELL NO.
 6

10. FIELD OR WILDCAT NAME
 Blueberry

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 Sec 8, T-21S, R-37E

12. COUNTY OR PARISH
 Lea

13. STATE
 N.M.

14. API NO.

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

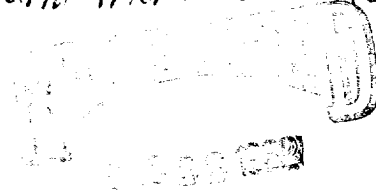
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) <u>Information</u>			

(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.)*

In reference to Form 9-330 dated 12-15-82 concerning the subject well, PBTD is 6500'; the 2 3/8" tubing is set @ 5932' and there is a RBP set @ 6500'.



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

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

SIGNED Way A. Dutton TITLE Administrative Supervisor DATE 12-20-82

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY
JAN 04 1983

MINERALS MANAGEMENT SERVICE
 ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

M/1/6/83

RECEIVED
JAN 5 1983
RECEIVED
OFFICE