a, w. Ch. 2013. Commission

P. O. BOX 1980 S NEW MEXICO 882 2

Form Approved. Budget Bureau No. 42-R1424

DISTRICT SUPERVISOR

UNITED STATES FORDS, NEW MOONS DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE LC-029410(a) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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.)	7. UNIT AGREEMENT NAME MCA UNIT 8. FARM OR LEASE NAME	
1. oil gas well other injection well 2. NAME OF OPERATOR CONOCO INC.	9. WELL NO. 109 10. FIELD OR WILDCAT NAME	
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: 660 FNL 660 FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Majamar-(G-SA) 11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA Sec. 29, T-175, R-32E 12. COUNTY OR PARISH 13. STATE Lea NM	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD	
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)	en al Covider Manager	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	rectionally drilled, give subsurface locations an	

Pressure test csg. Cement squeeze w/ 200 sx Class C. Drillout to 3575!
Test csg. CO to BP. Poot w/ BP. CO to 3965! Run injection equipment. Place on injection.

Subsurface Safety Valve: Manu. and Ty	p e	Set @ F
18. I hereby certify that the foregoing i	s true and correct Administrative Supervisor	Date December 29,1981
APPROVED BY	(This space for Federal or State office use)	APPROVED
	•See Instructions on Reverse Side	DEC 3 0 1981