

(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 injection well

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' FSL & 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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input checked="" type="checkbox"/>
(other)	

SUBSEQUENT REPORT OF:

RECEIVED
OCT 2 1981
(NOTE: Rep. Chair)

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

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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.)*

Remove injection equipment. Run cmt. retainer to 3490'. Cmt squeeze w/ 200sx Class C cmt. Spot 10 sx on top of retainer to 3350'. Displace wellbore from 3350' to 2200' w/ pkr. fluid. Perf the 4½" and 7" csg. at 2200'. Set cmt retainer at 2150'. Cmt squeeze w/ 350sx Class C cmt. Top of cmt must be above 865' or a squeeze procedure will be issued. Displace wellbore w/ pkr fluid. Spot 15 sx cmt from 50' to surface. Erect P&A marker. Clean location.

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

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

SIGNED Wm G. Lutterfield TITLE Administrative Supervisor DATE October 1, 1981

~~APPROVED~~

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

OCT 5 1981

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

***See Instructions on Reverse Side**