A. M. OH CONS. COMMISSION Form 9-331

Dec. 1973

1. oil

well 🖳

2. NAME OF OPERATOR CONOCO INC. 3. ADDRESS OF OPERATOR P. O. BOY 1000

HOBBS, NEW MEXIC

Form Approved.

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.)

other

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.

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P.O. Box 460, Hobbs, N.M. 88240

AT SURFACE: 1980 FNL \$ 1980 FWL

AT TOP PROD. INTERVAL:

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)

AT TOTAL DEPTH:

DDS, INCAM MIE	XICO E	38240	Budg	get Bureau	ı No. 42-R1424
	5. LI	EASE			
R		LC	-059	001 6	2)
	6 . IF	INDIAN, A			
N WELLS	7. U	NIT AGREE	MENT N	IAME	
	8. F/	ARM OR LE	ASE NAM		
	9. W	ELL NO.			
	1 4	ELD OR W			
	11. S	EC., T., R.,	M., OR E	BLK. ANI	SURVEY OR
Y. See space 17	A	REA			
		ec.33,	T-175	, R-3.	2 <i>E</i>
	12. CC	DUNTY ÓR	PARISH		_
		Lea		^	M
RE OF NOTICE,	14. AF	71 NO.			
	15. EL	EVATIONS	(SHOW	DF, KD	B, AND WD)
REPORT OF:					
L MAR 151	982°T	Report res	ults of mu Form 9–3	iltiple com 330.)	pletion or zone
OIL & GA J.S. GEOLOGICA WEM J.LEWCOR	LSURVE	Y			
NS (Clearly state work. If well is did	rectional	ly drilled,	ils, and give sub	give per surface l	tinent dates, ocations and

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dire measured and true vertical depths for all markers and zones pertinent t

SUBSEQUENT REPORT OF:

Casing leak discovered at 41'. Set CIBPat 1000'. GIH w/csg spear. Latch on to csq. Find collar at ±90! String shoot collar. Unscrew casing and replace w/ new csg. If this cannot be done, we will cement squeeze leak w/ 100sx Class C cmt. CO to 100'. Test squeeze. Place well on production. Test.

Verbal approval per Peter Chester 3/10/82.

Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Token Of Multiple Administrative Supervisor	DATE March 11,1982
APPROVID (This space for Federal or State office	e use)
APPROVED Sgd.) PETER W. CHESTER TITLE MAR 1 9 1982	DATE
FOR	
JAMES A. GILLHAM DISTRICT SUPERVISOR *See Instructions on Reverse Sic	de

RECEIVED

MAR 22 1982

O.C.D. Mobbs office