## N. M. OIL CONS. COMMISSION

UNITED STATES HOBBS. NEW MEXICO  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 from 9-331-0 for such proposals.  1. oil 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: 1780 F.M. 9 460 F.M. AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL ORALL COMPLETE CHANGE ZONES ABANDON* (other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinincluding estimated date of starting any proposed work. If well 4 directionally drilled, give subsurface local measured and true vertical depths for all markers and zones pertinent to this work.)*  MIRU S-20-82  Treated Wolf camp intervals 9797'-9823' W1000 gals 15% acid. Flushed W 55bbls 2% ECULTFLA  8. FARM OR LEASE NAME  B. FARM OR	42_B1424	Form Approved. Budget Bureau No. 42–	P. O. BOX 1980
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 CONOCO INC.  3. ADDRESS OF OPERATOR AT SURFACE: 1780 FMX 9 460 FMX AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: REPORT, OR OTHER DATA  REQUEST FOR APPROPAITE BOX TO INDICATE NATURE OF NOTICE REPORT, OR OTHER DATA  REQUEST FOR APPROPAITE BOX TO INDICATE NATURE OF NOTICE SET WATER SHUT-OFF FRACTURE TREAT HOOT OR ACIDIZE BARNDON* (other)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly Late all pertinent details, and give pertinent including estimated date of starting any proposed work. If well is directionally drilled, give subsurface local measured and true vertical depths for all markers and zones pertinent to this work.)*  MIRU S-20-82  Treated Wolf camp intervals 9797'-9823' W1000 gals 15% acid. Flushed W 55bbs 2% ECCL TFM.  8. FARM OR LEASE NAME B. FARM OR LEASE NA		88240 <sub>CE</sub>	UNITED STATES HOBBS, NEW MEXICO
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Subsurface Safety Valve: Manu. and Type Set @	Fi	Set @	ety Valve: Manu. and Type
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PETER V. CHESTER  TITLE  DATE			