N. M. OIL CONS. COMMISSION P. O. BOX 1980

Form 9-331 Dec. 1973

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES
ABANDON*
(other)

HOBBS, NEW MEXICO 88240 LEASE

Form Approved. Budget Bureau No. 42-R1424

change on Form 9-330.)

DISTRICT SUPERVISOR

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRIBE NAME SUNDRY NOTICES AND REPORTS ON WELLS not use this form for proposals to drill or to deepen or plug back to a different revoir. Use Form 9–331–C for such proposals.) 7. UNIT AGREEMENT NAME NIFU 8. FARM OR LEASE NAME

(Do not use this form for proposals to drill or to deepen or plug back to a different	NMFU		
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME		
1. oil gas well other	9. WELL NO.		
2. NAME OF OPERATOR	8		
CONOCO INC.	10. FIELD OR WILDCAT NAME		
3. ADDRESS OF OPERATOR	Eumont Queen Gas		
P. O. Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR		
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA		
below.)	Sec. 15, T-205, R-37E		
AT SURFACE: 1980 FSL & 2430 FEL	12. COUNTY OR PARISH 13. STATE		
AT TOP PROD. INTERVAL!	Lea NM		
AT TOTAL DEPTH:	14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,			
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)		
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF THE PROPERTY OF			
TEST WATER SHUT-OFF			
	001		
SHOOT OR ACIDIZE	981 (AD)		
REPAIR WELL	(NOTE: Report results of multiple completion or zone		

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.)*

U.S. GEOLOGICAL SURVE

We propose to clean out the wellbore and remove the downtrole equipment and replace it us a CIBP and pkr. See attached procedure and diagrams.

OIBP set @ 3750' shall be capped with 35' coment widows bailer or 50' it through tubing.

Subsurface Safety Valve: Manu. and Ty	pe		Set @	F
18. I hereby certify that the foregoing is	s true and correct Administrative Supervisor Administrative Supervisor	DATE	August 14,198	7_
	(This space for Federal or State office use)		APPROVED AS AMENDE	_
APPROVED BY	TITLE	_ 041	TE	
CONDITIONS OF APPROVAL, IF ANY:			AUG 21 1981	