

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.)

1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR  
Conoco Inc
3. ADDRESS OF OPERATOR  
P.O. Box 460 Hobbs NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' EOL 1980' EOL  
AT TOP PROD. INTERVAL: ☒  
AT TOTAL DEPTH: ☒
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO:                                   | SUBSEQUENT REPORT OF:               |
|--|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>               | <input type="checkbox"/>            |
| FRACTURE TREAT <input type="checkbox"/>                    | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE <input type="checkbox"/>                  | <input type="checkbox"/>            |
| REPAIR WELL <input type="checkbox"/>                       | <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/>              | <input type="checkbox"/>            |
| MULTIPLE COMPLETE <input type="checkbox"/>                 | <input type="checkbox"/>            |
| CHANGE ZONES <input type="checkbox"/>                      | <input type="checkbox"/>            |
| ABANDON* <input type="checkbox"/>                          | <input type="checkbox"/>            |
| (other) test pump well <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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.)\*

Subject well is currently  
being test-pumped in  
order to evaluate production  
possibilities

5. LEASE  
L.C. 031621 6
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
N.M.F.U.
8. FARM OR LEASE NAME  
Britt B
9. WELL NO.  
11
10. FIELD OR WILDCAT NAME  
Monument Tubb
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 19 20S 37E
12. COUNTY OR PARISH 13. STATE  
LEA NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3564 DF

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

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SEP 12 1979

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Wm A. Butterfield TITLE Senior Supervisor DATE 9-10-79

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY

TITLE

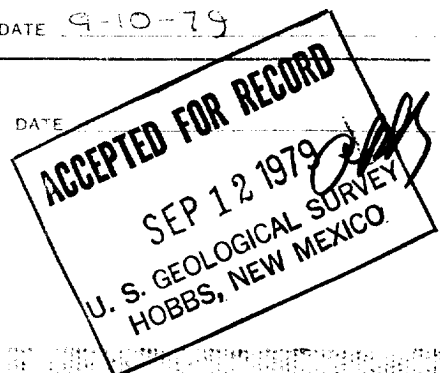
DATE

USGS 5

NMFC 4

F.L.

\*See Instructions on Reverse Side



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