Form Approved. Budget Bureau No. 42-R1424

P. O. BOX 1980 DEPARTMENT OF THE INTERIOR NEW MEXICO SEASO UNITED STATES

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

CHINDRY	NOTICES	AND	REPORTS	ON	WELLS
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GEOLOGICAL SURVEY

(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.)

gas well other 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 AT SURFACE: GGO FNL 4 GGO

AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

7. UNIT AGREEMENT NAME NMFU

8. FARM OR LEASE NAME BRITT

9. WELL NO. 3

10. FIELD OR WILDCAT NAME MONU. TUBB/WEIR BLINEBRY

11. SEC., T., R., M., OR BLK. AND SURVEY OR SEC. 15, T-20S, R-37E

12. COUNTY OR PARISH 13. STATE LEA

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

SUBSEQUENT REPORT OF: 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)

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

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.)*

AS REQUESTED BY

PROCEDURE. ATTACHED



Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the toregoing is true and correct SIGNED TITLE Administrative Supervisor DATE	6/28/83
(Orig. Sgd.) PETER W. CHESTER	
APPROVED BY TITLE TITLE TO STATE	