

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 inj
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: 1980' FNL & FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 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) csq. leak survey

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☒

5. LEASE

LC 031620 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SEMU

8. FARM OR LEASE NAME

SEMU PERMIAN

9. WELL NO.

35

10. FIELD OR WILDCAT NAME

SKAGGS GRAYBURG

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 24, T-20S, R-37 E

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

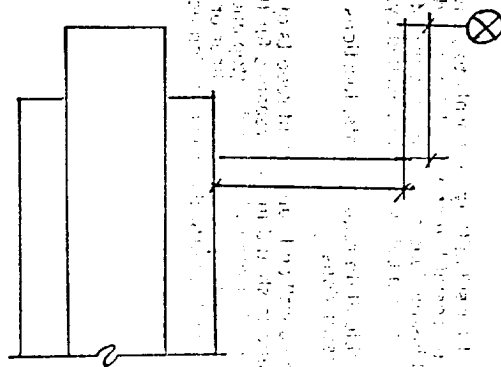
14. API NO.

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

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

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.)*

Csq. leak survey was performed 6/13/80
w/ valves being dug up & marked at
surfaced. Survey was witnessed by
NMOC representative.



Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED

Wm A. ButterfieldTITLE ADMIN. SUPERVISOR

DATE

6/12/80

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE

CONDITIONS OF APPROVAL, IF ANY: