Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

## 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 *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: *660' FNL & FEL*
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:

5. LEASE
   *NM 055 7686*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
   *SEMU*

8. FARM OR LEASE NAME
   *SEMU PERMIAN*

9. WELL NO.
   *36*

10. FIELD OR WILDCAT NAME
    *SKAGGS GRAYBURG*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
    *SEC. 24, T-20S, R-37E*

12. COUNTY OR PARISH  13. STATE
    *LEA*                *N.M.*

14. API NO.

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

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

| REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: |
|---|---|---|
| TEST WATER SHUT-OFF | ☐ | ☐ |
| FRACTURE TREAT | ☐ | ☐ |
| SHOOT OR ACIDIZE | ☐ | ☐ |
| REPAIR WELL | ☐ | ☐ |
| PULL OR ALTER CASING | ☐ | ☐ |
| MULTIPLE COMPLETE | ☐ | ☐ |
| CHANGE ZONES | ☐ | ☐ |
| ABANDON* | ☐ | ☐ |
| (other) *Csg. leak Survey* | | ✓ |

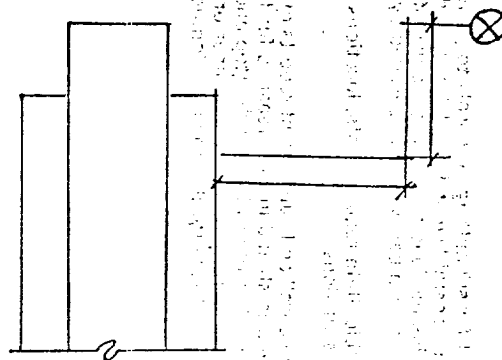(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

*Csg. leak survey was performed 6/3/80 w/ valves being dug up & marked at surfaced. Survey was witnessed by NMOCD representative.*



Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *Wm A. Butterfield*  TITLE *ADMIN. SUPERVISOR*  DATE *6/12/80*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____   DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side