Form 9-331

Form 9–331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC 031696 a
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	SEMU
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas gas	SEMU Eumont
well well other	9. WELL NO.
2. NAME OF OPERATOR	52
Conoco Inc. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
	Eumont Vates 7 Rivers On.
P.O. Box 460 Hobbs N.M. 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., K., M., OR BLK. AND SURVEY OF
below.)	Sec. 25 T-205, R-37E
AT SURFACE: 1986 FNL &FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Lea NM.
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
A A	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
[EST_WATER_SHUT-OFF □ □ □ □ 中間:	
FRACTURE TREAT	
REPAIR WELL	(NOTE: Papart results of multiple
PULL OR ALTER CASING [(NOTE: Report results of multiple completion or zone change on Form 9-330.)
MULTIPLE COMPLETE CHANGE ZONES CHANGE ZONES	그 그 그 그는 얼굴하다 그들 경울이까지 말
ABANDON*	
other) esq. leak survey	그 그 그 그 생활하는 그를 가장하는
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	
including estimated date of starting any proposed work. If well is di	rectionally drilled give subsurface locations and
measured and true vertical depths for all markers and zones pertinent	t to this work.)*
	그 그 그 그 경험 사람이 가는 그 화장을 보다.
Csg. leak survey was performed	
a linet soll il relier have	
on subject well all valves being	
dug up & marked at surface.	
0	
Survey performed 5/29 W NMOCD	
•	
representative present.	
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•	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Wie a. Butterfield TITLE ADMIN. SUPERVIS	77. Kin =
SIGNED TITLE ADMIN. SUPERVIS	SOR_ DATE
Y (This space for Federal or State office	ACIE TID FOR RELUID
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	JUN 1,6 1980 1 1
	000, 70,000
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*See Instructions on Reverse Side