Form 9-331 Form Approved. Dec. 1973 Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR LC - 03/6706 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME 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.) SEMU 8. FARM OR LEASE NAME SEMU PERMIAN gas well well other 9. WELL NO. 76 2. NAME OF OPERATOR CONOCO INC 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR SKAGGS GRAYBURG Box 460 Hobbs, NNI. 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) SEC. T-205 AT SURFACE: 660'FSL & FWL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: LEA N.M. AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) τ . REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) < 59. 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.)* (sy. 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 @ 18. I hereby certify that the foregoing is true and correct TITLE ADMIN. SUPERVISOR DATE 4/12/80 (This space for Federal or State office use) APPROVED BY DAT CONDITIONS OF APPROVAL, IF ANY:

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