e de la composition della comp

er et get get gette.

LINITED STATES

Cupros con i

OMITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-03/670 (b)
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 well other	SEMU MCKEE 9. WELL NO.
2. NAME OF OPERATOR CONOCO INC.	50
	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N./A. 83240	WARREN MCKEE
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.)	
AT SURFACE: 1980 FSL LLGO FWL	5EC. 20 7-205 R-38E
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.
REPORT, OR OTHER DATA	15 FLEVATIONS (SHEW)
	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	5 (7)
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE	后(U) · · · · · · · · · · · · · · · · · · ·
FRACTURE TREAT	
SHOOT OR ACIDIZE REPAIR WELL	(NOTE Peport results of multiple completion or zone SUR change on Form 9-330.)
PULL OR ALTER CASING	(NOTE: Report results of multiple completion or zone
MULTIPLE COMPLETE	SUR change on Form 9-330.)
CHANGE ZONES	MEXICO
ABANDON*	•
MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) U. S. G.O.L.OGIC. HOBES, NEW	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent.	 all pertinent details, and give pertinent dates, irectionally drilled, give subsurface locations and it to this work.)*
It is proposed to acidize & scale-ini	
Pump in 6000 gal. 15% HC/ @	
	- 1
Scale-inhibit some interval of	700 bbls. Scale inhibitor
& 2% Kel wtr. RIH of prod	Juction cont l
,	7
return to production	· · · · · · · · · · · · · · · · · · ·
return to production Verbal approval rec'd 8-5-80	per Jerry Long
No Surface disturbance requir	ed.
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
	Visor DATE,
(This space for Federal or State offi-	
APPROVED BY TITLE	
CONDITIONS OF APPROVAL, IF ANY:	DATE
us65-5	AUG (1 1) 1980
NMFU-Y	The state of the s
FILE	1 - x / 4/ / x - x - 1