## N. M. OIL CONS. COMMISSION

Form 9-331

FOR

HJAMES A. GILLHAM

DISTRICT SUPERVISORee Instructions on Reverse Side

## P. O. BOX 1980 HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R142

Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-031695(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	NMFU
reservoir, Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas	SEMUL Mc Kee
well well other	9. WELL NO.
2. NAME OF OPERATOR	
CONOCO INC.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	Warren McKee
P. O. Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) AT SURFACE: 1980'FNL 1980'FWL	Sec. 29, T-205, R-38E
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Lea NM
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	· •
SHOOT OR ACIDIZE	PROPERCY.
REPAIR WELL	CNOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	င်စုနှစ်ရှင် ၁၈ Form 9–330.)
MULTIPLE COMPLETE CHANGE ZONES CONTINUE	9 1001
Land transfer to the same tran	3 1301 JUL
ABANDON*	t manual .
(other)  U.S. GEOLOG	GAS
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state	WILMSTEROOF details and give portional detail
including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and
measured and true vertical depths for all markers and zones pertinen	t to this work.)*
Perb brom 8881'-8889'w/ 4JSPF. Set.	RBP at 8900', pkrout 8850'.
	•
Acidize w/ 840gals. 15% HCL-NE-FE. RI	un production equipment
Set pkrat 8850. Test.	
Sel prof oct of the contract o	
	·
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
	0// // 000
SIGNED WM 9-7 Suttative Supervise THEE Administrative Supervise (This space for Federal or State offi	or DATE October-16,1981
ADYROVED	
(This space for Federal or State offi	ce use)
APPROVED (OF APPROVAL, IF ANY: 0 4004	DATE
CONDITION'S OF APPROVAL, IF ANY	
0CT 1 9 1981	