

Form 9-331  
Dec. 1973Form Approved.  
Budget Bureau No. 42-R1424UNITED 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 & 1980' FWL*  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

## REQUEST FOR APPROVAL TO:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON\* ☐

(other) *csq. leak survey*

## SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☒

## 5. LEASE

*LC 031695 A*

## 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 7. UNIT AGREEMENT NAME

*SEMU*

## 8. FARM OR LEASE NAME

*SEMU PERMIAN*

## 9. WELL NO.

*23*

## 10. FIELD OR WILDCAT NAME

*SKAGGS GRAYBURG*

## 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

*SEC. 30, T-20S, R-38E*

## 12. COUNTY OR PARISH

*LEA*

## 13. STATE

*N.M.*

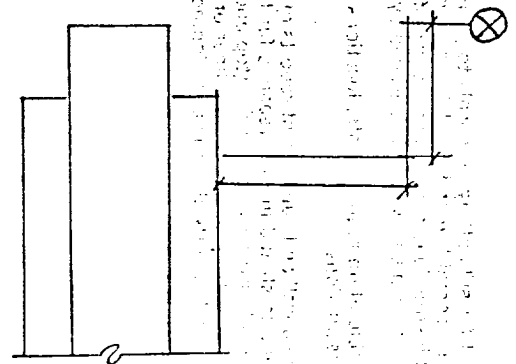
## 14. API NO.

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

(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.)\*

*Csq. leak survey was performed 6/13/80*  
*w/ valves being dug up & marked at*  
*surfaced. Survey was witnessed by*  
*NMood 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:

ACCEPTED FOR RECORD

JUN 16 1980