

UNITED 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 ☐
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: 1980' 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:                                 | SUBSEQUENT REPORT OF:               |
|--|-------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/>             | <input type="checkbox"/>            |
| FRACTURE TREAT <input type="checkbox"/>                  | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE <input type="checkbox"/>                | <input type="checkbox"/>            |
| REPAIR WELL <input type="checkbox"/>                     | <input type="checkbox"/>            |
| PULL OR ALTER CASING <input type="checkbox"/>            | <input type="checkbox"/>            |
| MULTIPLE COMPLETE <input type="checkbox"/>               | <input type="checkbox"/>            |
| CHANGE ZONES <input type="checkbox"/>                    | <input type="checkbox"/>            |
| ABANDON* <input type="checkbox"/>                        | <input type="checkbox"/>            |
| (other) PLUG BACK OH <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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.)\*

MIRU 1/9/84. SPOTTED 70 SKS OF 10/20 SAND DOWN TBG. SPOTTED 4 SKS CLASS "C" w/ 2% CACL<sub>2</sub>. SPOTTED 8 SKS CLASS "C" w/ 2% CACL<sub>2</sub>. TOC @ 3770'. RAN PROD EQUIP. PMPD 7 BO, 190 BW, GAS NOT MEASURED IN 24 HRS ON 2/17/84.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Administrative Supervisor DATE 3/6/84

(This space for Federal or State office use)

APPROVED BY [Signature] DATE MAY 15 1984 TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

Carlsbad, NEW MEXICO

\*See Instructions on Reverse Side

5. LEASE  
LC - 031695 (A)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
NMFU
8. FARM OR LEASE NAME  
SEMU PERMIAN
9. WELL NO.  
16
10. FIELD OR WILDCAT NAME  
SKAGGS GRAYBURG
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 30, T20S, R38E
12. COUNTY OR PARISH  
LEA
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)