

COPY TO O.G.C.

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 Injection

2. NAME OF OPERATOR
Conaco 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' FSL & FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
LC 03013.3 (6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
South Eunice Unit

9. WELL NO.
28

10. FIELD OR WILDCAT NAME
Eunice 7 Rivers Queen South

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22 T-22S R-36E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ ☐

FRACTURE TREAT ☐ ☐

SHOOT OR ACIDIZE ☐ ☐

REPAIR WELL ☐ ☐

PULL OR ALTER CASING ☐ ☐

MULTIPLE COMPLETE ☐ ☐

CHANGE ZONES ☐ ☐

ABANDON* ☐ ☐

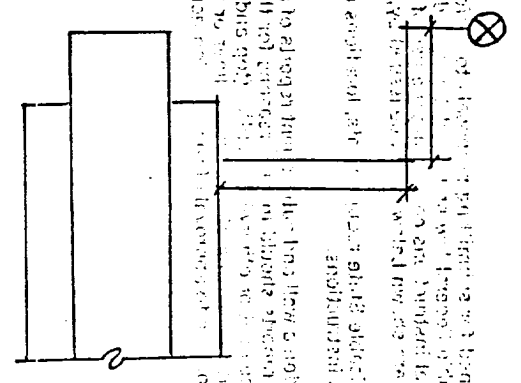
(other) esg. leak survey ☒

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

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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.)*

Esq. leak survey was performed on subject well on 8-20-80, 21 valves being dug up & tagged at surface. Survey was witnessed by Tony Plattmier of NMOC.



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 9/16/80

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY Dr. Chester TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
SEP 18 1980

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