UN ¿D STATES			
DEPARTMENT O	F THE IN	TERIOR	
GEOLOGICAL SURVEY			

Budget	Bureau	Nο.	42-R1424

ONLED STATES	5. LLASE
DEPARTMENT OF THE INTERIOR	LC-03/620(b)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME NM FU
(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.)	8. FARM OR LEASE NAME
1. oil gas other	5 ka ggs 8 9. WELL NO.
2. NAME OF OPERATOR CONOCO INC.	Jo. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	Glorieta/Blinebry/Drinkard 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 990'FNL \$ 1700'FWL AT TOP PROD. INTERVAL:	AREA Sec. 12, T-205, R-37E 12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
REFORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT, REPORT OF T	
FRACTURE TREAT	1004
SHOOT OR ACIDIZE G G JAN 14	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING U.S. GEOLOGI	CAL SUNY:
MULTIPLE COMPLETE HOBBS, NE	W MEXICO
ABANDON*	
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is different measured and true vertical depths for all markers and zones pertiner (O to 6965'. Set RBP 6950', pkr 6750'. Pmp. 300	lirectionally drilled, give subsurface locations and nt to this work.)* 00 gals. NE.FE.HCL. Pmp 400#rock salf.
400 gab. brine. Flush w/TFW. Reset RBP 5900, pr	
Pmp 400 # rock salt in 400 gals. brine. Flush w/ TFL	1. Reset RBP 5350', pkr. 5250'. Pmp
1500 gals 15% NE-FE-HCL. Pmp. 200 #rock salt in 20	
load. Place well on production. Test.	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED WAR Destruction TITLE Administrative Superv	isor DATE January 13,1981
(This space for Federal or State off	ice use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	· ·
	APPROVED

45615 NMFH4 FILE

*See Instructions on Reverse Side