orm 9–331	Budget Bureau No. 42-R1424
UNITED STATES	5340SE 71M - 095,7686
DEPARTMENT OF THE INTERIOR	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL SURVEYED	
SUNDRY NOTICES AND HELES	7. UNIT AGREEMENT NAME
Do not use this form for proposals to drill of the epen or plug back to a different eservoir. Use Form 9–331–C for such proposals.	8. FARM OR LEASE NAME
1. oil gas ROSWELL DISTRIC 983	SEMU TUBB
well well other	9. WELL NO. 87
2. NAME OF OPERATOR CONOCO INC. ROSWELL, NEW MEXICO	10. FIELD OR WILDCAT NAME MONUMENT TUBB
3. ADDRESS OF OPERATOR	MONUMENT UBB 11. SEC., T., R., M., OR BLK. AND SURVEY OR
P. O. Box 460, Hobbs, N.M. 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	- 4554
below.) AT SURFACE: 990 FSL + 660 FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	LEA NM
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3542 GL
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) OPEN APPLITIONAL PAY + ACID FRAC.	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly st including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones perting	ent to this work.)*
MIRU. CLEAN OUT TO PBTD ((6569') IF NECESSARY. SPO
5 BBLS. 15% HCL - NE-FE ACID	FROM 6393 TO 6573.
PERFORATE 6387' TO 6573. SE	T PACKER @ 6250". TUMP
56 BBLS. 15% HCL-NE-FE ACIO	o. Flush w/36 abls. IF
ACID FRAC W/ 284 BBLS. GEL	LED FLUID AND 180 BBLS.
15% HCL-NE-FE ACID. SWAB	. RUN PRODUCTION
EQUIPMENT. TEST. Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct SIGNED TITLE Administrative Su	pervisor DATE 6/10/83
(Inis space for Federal of State	e office use) DATE
APPROVED BY TITLE TITLE TITLE	
HIM 2. S. IS	