## N. M. OIL CONS. COMMISSION P. O. BOX 1980 HOBBS, NEW MEXICO 88240

IINITED STATES	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 0557686
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME  NMFU
1. oil gas	8. FARM OR LEASE NAME SEMU TUBB
well well other	9. WELL NO.
2. NAME OF OPERATOR	88
CONOCO INC.  3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME
P. O. Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OF
<ol> <li>LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)</li> </ol>	AREA Sec. 14 7-205 R-37F
AT SURFACE: 1980'FNL & 1980'FWL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Lea N.M.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE.	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
CHANGE ZONES	
ABANDON*	
(other)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is di measured and true vertical depths for all markers and zones pertinent	rectionally drilled, give subsurface locations and to this work.)*
Clean out to TO (6676'), Spot 66615 15%	
6418: Perf M255PF the following Tubb intervi	06:6418,23,29,39,66,99,6503;
12, 23, 38, 6656, 62 and 6665. (Total 26 holes).	set pkr e 6450. Brackdown
Tubb perfs w/10066 15% HCL-NE-FE acid. Res	et pkr@60so. Acid frac
the Tubb perfs My the following: 78661s g	elled fluid pad, 946615 15%
HCL-NE-FE acid, & 46 bb/s gelled fluid flush. D	ivert who brine, guargum, rock
salt & Benzoic acid flakes, Flush to pkr Me	5 bbls gelled fluid, Swab.
Run Droduction equipment Test, Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED WAR Administrative Supervis	or DATE
(This space for Federal or State office	e use) MERETUVEIN
APPROVED BY APPROVAL, IF ANY:	DECEIVEN
CONDITIONS OF APPROVAL, IF ANY:	III)
	14 14 4 4 4000
JAN 1 2 1983	JAN 1 1 1983
JAMES A. GILLHAM *See Instructions on Reverse Si	d• OIL & GAS Minerals mgmt. Servi <b>ce</b>
DISTRICT SUPERVISOR	MINERALS MUMI. SERVICE