

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
P. O. BOX 1280  
HOBBS, NEW MEXICO 88240

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 + 660' FEL  
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 checked="" 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)                  | <input type="checkbox"/>            |                       | <input 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. SET PKR @ 3650'. SQUEEZE THE SURFACE CSG-  
PRODUCTION CSG ANNULUS W/ 218 SKS CLASS "H"  
W/ 2% CaCl<sub>2</sub>. WOC. REL PKR. RUN PRODUCTION  
EQUIPMENT. TEST.

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

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

SIGNED W. A. B. [Signature] TITLE Administrative Supervisor DATE 3/13/84

APPROVED (This space for Federal or State office use)

APPROVED BY (Sgd.) PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAR 16 1984

RECEIVED

MAR 19 1984

O.C.D.  
HOBBS OFFICE