

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm Approved.
Budget Bureau No. 42-R1424

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 ☒ gas ☐ other ☐
well well2. NAME OF OPERATOR
CONOCO INC.3. ADDRESS OF OPERATOR
P.O. Box 480, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FSL & 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐(other) DHC

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE*

LC-031695 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Warren Unit

9. WELL NO.

32

10. FIELD OR WILDCAT NAME

Warren Tubb & Blinbry

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 27 T-20S R-38E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

30-025-25043

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

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

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. Tag pkr @ 6300'. Mill pkr. Set pkr @ 6540'. Pump chemical in Tubb perms. Flush. Rel pkr. Run tbg. Set anchor @ 5892' & SN @ 6791'. Run prod. equipmt. Pmpd. 14 BO, 9 BW & 51 MCF in 24 hrs. on 11-2-84.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED David A. Smyth TITLE Administrative Supervisor DATE 12/3/84

APPROVED BY _____ (This space for Federal or State office use)

APPROVED BY BWQ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 6 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side