

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

## 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 & 430' FWL*  
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	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

(other) spud well & set surface e.g.

SUBSEQUENT REPORT OF

□ □ □ □ □ □ □

NT REPORT OF  
**RECEIVED**  
JAN 30 1980  
(NOT  
U. S. GEOLOGICAL SUR  
HOBBS, NEW MEXICO

## 5. LEASE

LC-031695A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SEMU

8. FARM OR LEASE NAME

SEMU Blincby

9. WELL NO.

103

10. FIELD OR WILDCAT NAME

Bline bry

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

Sec. 29 T-20S, R-38E

12. COUNTY OR PARISH | 13. STATE

Lee

NM.

14. API NO.

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

3524

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.)\* *MIR-11-1-23-80*

Reached surface 259. TD of 1434' on 1-25-80. Ran 32 jts. 8<sup>5</sup>/<sub>8</sub>"

24<sup>th</sup>, K-55, ST & C csq. Guide shoe set @ 1434' KB, FC @ 1386'

Cmt. w/ 675 sx class "Z" cmt. w/ additives. Circ. 100 sx. cmt.

to surface.

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

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

SIGNED Wm. A. Butler TITLE Admin. Supervisor DATE 1-28-80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY:

USGS-5  
NMPH-4  
FILE

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

U. S. GEOLOGICAL SURVEY  
MOSCOW, NEW MEXICO

**\*See Instructions on Reverse Side**