

Form 9-331  
Dec. 1973Form Approved.  
Budget Bureau No. 42-R1424UNITED 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 <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>	5. LEASE NM 0557686
2. NAME OF OPERATOR Conoco Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 Hobbs N.M. 88240	7. UNIT AGREEMENT NAME SEMU
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1980' FSL & 660' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	8. FARM OR LEASE NAME SEMU Drinkard
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. WELL NO. 115
	10. FIELD OR WILDCAT NAME Drinkard
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T-20S, R-37E
	12. COUNTY OR PARISH Lea
	13. STATE N.M.
	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD) 3523' GR

REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
 FRACTURE TREAT ☐  
 SHOOT OR ACIDIZE ☐  
 REPAIR WELL ☐  
 PULL OR ALTER CASING ☐  
 MULTIPLE COMPLETE ☐  
 CHANGE ZONES ☐  
 ABANDON\* ☐  
 (other) Set 8 5/8" csg.

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RECEIVED

MAR 19 1980

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

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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.)\*

Reached intermediate csg. TD of 2780' on 3-16-80.

Ran 66 jts. 8 5/8", 32", X-55, STLC csg., set @ 2780'.

1st stage cmt. - Pumped in 701 SK Class C cmt. w/ additives.

Circ. 60 SK. to surface. 2nd stage cmt. - Cmt. w/ 532 SK.

class C cmt. Circ. 176 SK. to surface.

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

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

SIGNED Wm. A. Butterfield TITLE Admin. Supervisor DATE 3/17/80

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED  
MAR 2 5 1980  
OIL CONSERVATION DIV.

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