

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 ☐ gas ☒ other ☐
well well

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: 1650' FSL & 2310' FWL

AT TOP PROD. INTERVAL:

AT TOTAL DEPTH: same

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) set production csg. ☒

SUBSEQUENT REPORT OF:

☐☐☐☐☐☐☐☐☒

5. LEASE

NM 2511

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

SEMU

8. FARM OR LEASE NAME

SEMU EUMONT

9. WELL NO.

111

10. FIELD OR WILDCAT NAME

EUMONT QUEEN GAS

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

SEC. 26, T-20S, R-37E

12. COUNTY OR PARISH

LEA

13. STATE

NM

14. API NO.

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.)*

Reached TD of 3805' on 6-9-80. Ran DLL, GR, compensated density log, CNL, & Caliper logs. Ran 90 jts. 5 1/2", 15.5#, K-55 csg. w/ ECP & DV tool. Set csg. @ 3805', DV tool @ 1230'.

1st stage cmt. - 1213 SX. class C cmt. Circ. 100 SX. cmt. to surface.

2nd stage cmt. - 415 SX. class C cmt. 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

[Signature]

TITLE Admin. Supervisor

DATE _____

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5

NMFu-4

FILE