Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

# 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) injection

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: 810'FNL & 2130'FWL
AT TOP PROD. INTERVAL: —
AT TOTAL DEPTH: —

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
LC- 031670 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
SEMU

8. FARM OR LEASE NAME
SEMU McKee

9. WELL NO.
114

10. FIELD OR WILDCAT NAME
Warren McKee

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29, T-20S, R-38E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

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

REQUEST FOR APPROVAL TO:    SUBSEQUENT REPORT OF:

| | REQUEST | REPORT |
|---|---|---|
| TEST WATER SHUT-OFF | ☐ | ☐ |
| FRACTURE TREAT | ☐ | ☐ |
| SHOOT OR ACIDIZE | ☐ | ☐ |
| REPAIR WELL | ☐ | ☐ |
| PULL OR ALTER CASING | ☐ | ☐ |
| MULTIPLE COMPLETE | ☐ | ☐ |
| CHANGE ZONES | ☐ | ☐ |
| ABANDON* | ☐ | ☐ |
| (other) Spud, ran surface csg. | | |

RECEIVED
SEP 30 1981
OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

(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. Spud on 9/19/81. Ran 10¾", 40.5#, K-55, STC csg set at 1421'. Cmtd w/ 718 sx Class C, tail w/ 200 sx Class C. Circulated 75 sx to surface.

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

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

SIGNED _____    TITLE Administrative Supervisor    DATE September 28, 1981

(This space for Federal or State office use)

APPROVED BY _____    TITLE _____    DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side