

COPY TO O. C. C.

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 ☐
2. NAME OF OPERATOR
CONOCO INC.
3. ADDRESS OF OPERATOR
P. O. Box 450, Hobbs, N.M. 83240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1750' FNL and 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) whip stock ☒

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

JUL 11 1980

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
NM 2511
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
SEMII
8. FARM OR LEASE NAME
SEMII Eumont
9. WELL NO.
118
10. FIELD OR WILDCAT NAME
EUMONT QUEEN GAS
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 27 T-20S, R-37E
12. COUNTY OR PARISH
LEA
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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.)*

We request approval to whip-stock subject well from approximately 3400' to 3800'. (Radioactive tool @ 3664')
Verbal approval rec'd from Bonito Garcia w/ the Environmental Improvement Agency - Radiation Protection Bureau.
Verbal approval rec'd 7-8-80 from Jerry Long, contingent on above approval.

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

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

APPROVED [Signature] TITLE Administrative Supervisor DATE 7/8/80

(This space for Federal or State office use)

JUL 15 1980

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

DISTRICT SUPERVISOR