

COPY TO O. & G.

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 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1750' FNL & 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\* ☐

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
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☐  
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☐  
☐

(other) plug-back well-bore

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JUL 9 1980

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

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

5. LEASE  
N M 2511
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
SEMU
8. FARM OR LEASE NAME  
SEMU 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: 13. STATE  
LEA 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.)\*

Reached TD of 3800' on 6-21-80. Fished for radioactive logging tool 6-22-80 to 7-4-80. Radio active source @ 3664'. Spotted 80 sx. class "C" cmt. w/ red dye on top of fish. Tagged cmt. plug @ 3579' - had 85' cmt. on top of fish. Spotted 200' (80 sx.) class "C" cmt w/ red dye on top of fish.

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

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

SIGNED W. A. Butterfield TITLE Administrative Supervisor DATE 7/8/80  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

USGS-5  
NMFU-4  
FILE

JUL 16 1980  
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