

## SUNDRY NOTICES AND REPORTS ON WELLS

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: 660' FSL & 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>

(other) set prod. csq.

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RECEIVED  
(NOT) Rep  
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U. S. GEOLOGICAL SURVEY  
HOBBS, 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.)\*

Reached TD of 6400' on 8-3-80. Ran 5 1/2", 15.5# csg., set @ 6380'. DV tool @ 4010'. 1<sup>st</sup> stage cmt - cmt'd w/ 714 sx. class C cmt. Circ'd 50 sx. cmt. to surface. 2<sup>nd</sup> stage cmt - cmt'd 2100 sx. class C cmt. Circ'd 200 sx. cmt. to surface.

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

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

SIGNED Wm. A. Dwyer TITLE Administrative Supervisor

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

NMFQ-4  
USGS-5  
FILE

DATE 7/2/80 ACCEPTED FOR RECORD

DATE AUG 11 1980

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