

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 well <input type="checkbox"/> gas well <input checked="" type="checkbox"/> other <input type="checkbox"/>	5. LEASE <i>NM 2511</i>
2. NAME OF OPERATOR <i>CONOCO INC.</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P. O. Box 460, Hobbs, N.M. 88240</i>	7. UNIT AGREEMENT NAME <i>SEMU</i>
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: <i>1750' ENL &amp; 710' FEL</i> AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	8. FARM OR LEASE NAME <i>SEMU Eumont</i>
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. WELL NO. <i>1184</i>
	10. FIELD OR WILDCAT NAME <i>Eumont Queen Gas</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 27, T-20S, R-37E</i>
	12. COUNTY OR PARISH <i>LEA</i>
	13. STATE <i>NM</i>
	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD)

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) <i>set surface csq.</i> <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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

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HOBBS, NEW MEXICO

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.)\*

*Spud date 8-26-80. Reach surface csq depth of 1290' on 8-28-80.*

*Set 8 5/8", 24#, K-55, ST & C csq. Pmpd 430 sx Class C cnt w/ 4% gel, 2% CaCl<sub>2</sub>. Tailed w/ 200 sx Class C w/ 2% CaCl<sub>2</sub>. Circ. 120 sx to surface.*

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

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

SIGNED *Wm G. Butterfield* TITLE *Administrative Supervisor* DATE *8/29/80*

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

USGS 5  
NMFU 4  
File 1

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