

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.)

below.)
AT SURFACE: 660' FNL & 1920' FWL
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 | <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) ran production csg

SUBSEQUENT REPORT OF

□ □ □ □ □ □ □ □

REPORT OF: **DECEIVE**
SEP 11 1981 (NOTE: Rep chn)

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.)*

Reached TD of 6170' on 9/3/81. Ran 5 1/2", 15.5#, N-80 & K-55,
LTC csg set at 6170'. Cmt'd as follows: 1st stage: 650sx Class
C lite, tailw/ 200sx Class C. 2nd stage: 1300sx Class C lite,
tailw/ 200sx Class C. Did not circulate.
TDC to be determined when completion begins.

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

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

SIGNED Wm. A. Butterfield TITLE Administrative Supervisor DATE Sept 9, 1981

RECEIVED FOR YOUR RECORD (This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 14 1981

TITLE _____ DATE _____

***See Instructions on Reverse Side**