

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 ☒ gas ☐ other ☐  
well well

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: 990' FNL + 1980' 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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) SET PRODUCTION CSG ☒

5. LEASE

LC - 031620 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

SKAGGS B

9. WELL NO.

7

10. FIELD OR WILDCAT NAME

DRINKARD / TUBB

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 12, T2DS, R3TE

12. COUNTY OR PARISH

LEA

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDE, AND WD)

(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.)\*

DRILLED TO TD @ 7500' 5/19/84. SET 7"  
CASING @ 7500'. CMT 1<sup>ST</sup> STAGE W/250 SXS  
CLASS "H" TAILED W/761 SXS CLASS "H". CMT 2<sup>ND</sup>  
STAGE W/1820 SXS CLASS "C" TAILED W/200 SXS  
CLASS "C". WOC. TOC @ 175' BY TEMP  
SURVEY.

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 5/24/84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL IF ANY  
JUN 2 1984

Carlsbad, NEW MEXICO

\*See Instructions on Reverse Side

RECEIVED

JUN 5 1984

O.C.D.  
MOBBS OFFICE