

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, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FNL & 2310' 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: 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)              |                          |                          |

5. LEASE  
NM 25-12
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
NM FU
8. FARM OR LEASE NAME  
Hawk B-10
9. WELL NO.  
2
10. FIELD OR WILDCAT NAME  
Drinkand
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec-10, T-21S, R-37E
12. COUNTY OR PARISH  
Lea
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, 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.)\*

Status of Well: Shut In  
Approximate date that temp. aban. commenced: 4-2-78  
Reason for temp. aban.: Dead

Future plans for well: Acidize zone and  
This approval of temporary JUL 1 1981/face pump  
abandonment expires

Approximate date of future W. O. or plugging: September 1980

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

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

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

NM OGD (3), USGS (4), NM FU (4), File

APPROVED

JUN 27 1980

Ked  
S. DISTRICT SUPERVISOR