N. H. CR. WISS. COMMISSION P. O. BOX 1989 FESOBBS, NEW MEXICO 88240

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES 35. NEW MEDICAL SURVEY	5. LEASE 1_C-032096 (b) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME NMFU 8. FARM OR LEASE NAME
1. oil gas uell other	1 Dockhart B-11 9. WELL NO.
2. NAME OF OPERATOR CONOCO INC.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	Blinebry / Drinkard 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 11-215-37E
AT SURFACE: 2310' FSL 9' 1650' FELL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 30-025-06530 15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other)	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertined. MIRU. Pooth w/dual producing equipments of the complete of the	directionally drilled, give subsurface locations and not to this work.)* It. TIH Wproduction that
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct SIGNED TITLE Administrative Super (This space for Federal or State of	
APPROVED BY	DATE
CONDITIONS OF APPROVALE IS ANY 1984	

Carlebae, mana *See Instructions on Reverse Side

RECEIVED

ţ

DEC 21 1984

DUTUS. Alabas **Office**