

N. M. OIL CONS. COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

Form 9-331  
Dec. 1973

Form Approved.  
Budget Bureau No. 42-R1424

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.)  
AT SURFACE: 840' 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:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) Information

SUBSEQUENT REPORT OF:

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

OIL & GAS  
MINERALS MGMT. SERVICE  
ROSWELL, 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.)\*

The Drintard zone is temporarily shut-in. The subject well is presently producing from the Blinebry zone and will continue until its production is sufficiently depleted, at that time a DHC will be applied for. The two zones are separated by a RBP at 6500'.

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 9-14-82

ACCEPTED FOR RECORD PETER W. CHESTER SEP 16 1982 U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO	This space for Federal or State office use) APPROVED BY _____ TITLE _____ DATE _____ CONDITIONS OF APPROVAL, IF ANY: _____ See Instructions on Reverse Side
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SEP 17 1982

C. S. D.  
MOBES OFFICE