

(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: 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) TD, ran production casing ✓

SUBSEQUENT REPORT OF:

□ □ □ □ □ □ □

JAN 14 1982

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

OR 8 645
 U.S. GEOLOGICAL SURVEY
 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.)*

Reached TD of 6950' on 1/8/82. Ran 5½", 15.5#, K-55, STC set at 6950' w/ DV tool at 4217'. Cemented in two stages. 1st stage: 375sx Class C, tail w/ 200sx Class C. 2nd stage: 1000sx Class C, tail w/ 200sx Class C. Circulated 225sx cmt to surface.

Subsurface Safety Valve: Make, Model, and Type

Set @ _____ Ft.

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

SIGNED W. H. [Signature] TITLE Administrative Supervisor

DATE _____

January 12, 1982

U.S. GEOLOGICAL SURVEY

(This space for Federal or State office use)

APPROVED BY ROSWELL TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

DATE _____