MULTIPLE COMPLETE CHANGE ZONES ABANDON\*

(other) DOWNHOLE

## **UNITED STATES**

COMMINGL

UNITED STATES  DEPARTMENT OF THE INTERIOR  GEOLOGICAL SURVEY	5. LEASE LC - 032096 (3) 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.)  1. 'Oil gas well other	7. UNIT AGREEMENT NAME NMFU  8. FARM OR LEASE NAME LOCKHART B-13A  9. WELL NO.
2. NAME OF OPERATOR  CONOCO INC.  3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	10. FIELD OR WILDCAT NAME  WANTZ ABO DRINKARD  11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660 FSL + 2100 FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	SEC. 13, TQIS, R37E  12. COUNTY OR PARISH 13. STATE LEA  14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	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	(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.)\*

MIRU. REL RBP @ 6920! RUN PRODUCTION EQUIP W/ TBG SET @ 7280'. TEST. (DHC APPROVAL HAS BEEN GRANTED BY NMOCD.)

Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct  SIGNED WM G V ALLE Administrative Supervisor  A STATE ADMINISTRATIVE Supervisor	DATE 2/13/84
APPROVED BY TITLE TITLE	DATE

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MAR 26 1984 MORRS Ch

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