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: 660' FSL & 2100' FWL
AT TOP PROD. INTERVAL: ✓
AT TOTAL DEPTH: ✓

5. LEASE
LC-032096 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
LOCKHART B-13A

9. WELL NO.
9

10. FIELD OR WILDCAT NAME
WANTZ ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 13, T-21S, R-37E

12. COUNTY OR PARISH
LEA

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

	REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☐	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other) RUN Production 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.)*

REAchEd TD AT 6:00 PM ON 5-4-83. 5-7-83 RUN 46 jTS 5½", 17# BUTT CSG AND 147 jTS 5½" 15.50# K-55 CSG to 7800' TD. CMT. in ONE STAGE w/ 1205 SXS CLASS "H". TAiL w/ 945 SXS CLASS "C" PLUS 6% GEL, 18% SALT AND 2% CaCL2. WOC FOR 18 hours. PRESSURE TEST CASiNG TO 2000 PSi FOR 30 MiNUTES.

Subsurface Safety Valve: Manu. and Type ______ Set @ ______ Ft.

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

SIGNED [signature] TITLE Administrative Supervisor DATE 5-9-83

(This space for Federal or State office use)

APPROVED BY ______ TITLE ______ DATE ______
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side