

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: ☒

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) Spud, Ran Surface csg.		

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 4-5-83. Spud @ 10:00 AM 4-5-83. Run 8 5/8" surface csg.
4-7-83, 24# K-55 ST & C. Set @ 1446'. Cmt. w/490 SX. cl. "C"
plus 4% gel, & 2% CaCl₂. Tail w/250 SXs. cl. "C" plus 2% CaCl₂
Circulate 150 SX cmt and some mud to surface. WOC 18 hrs.
Test csg to 700 psi.

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

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

SIGNED Wm. A. G. Sullivan TITLE Administrative Supervisor DATE April 8, 1983

APPROVED BY _____ DATE _____
(ORIG. SGD.) DAVID R. GLASS
CONDITIONS OF APPROVAL APR 19 1983

5. LEASE LC-032096
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) _____

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

1983

RECEIVED
APR 20 1983
O.C.D.
HOBBS OFFICE