

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' FNL + 1980' FEL  
 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.  
 10

10. FIELD OR WILDCAT NAME  
 WANTZ ABO / DRINKARD

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
 SEC. 24, T-21S, R-37E

12. COUNTY OR PARISH  
 LEA

13. STATE  
 NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
 3426.7 GR

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)  CHANGE PLANS ON APPROVED APD.

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

RECEIVED  
 SEP 14 10 42 AM '83

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 SUBJECT APD WAS APPROVED 1/17/83. THE PROPOSED DEPTH IS NOW 7800', WITH AN APPROXIMATE SPUD DATE OF 10/15/83. THE CASING AND CEMENTING PROGRAM IS AS FOLLOWS:

HOLE SIZE	CSG SIZE	#/FT	DEPTH	CEMENT
12 1/4"	9 5/8"	36#	1475'	675 SXS CIRC
8 3/4"	7"	26#	7800'	2375 SXS CIRC W/ DV @ 4500'

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 9/12/83

APPROVED

(Orig. Sgd.) PETER W. CHESTER (This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

SEP 15 1983

RECEIVED  
SEP 16 1993  
HONOLULU OFFICE