Dec. 1973	* " Budget Bureau No. 42-R1424
UNITED STATES DEPARTMENT OF THE INTERIOR	5. LEASE
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.)	NMFUTTO THE TRANSPORT OF THE PROPERTY OF THE P
1. oil gas	South Eunite Unit
well well other /njecHon 2. NAME OF OPERATOR	9. WELL NO. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Conoco Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. N. 41.0 4665 N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
P.O. Box 460 Hobbs N.M. 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec. 28 7-205 P36-
below.) AT SURFACE: 660'FNL & FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	14. API NO. 2014 10.00
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	(長雄型) 宋 等國立市
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	
FRACTURE TREAT	[1] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
REPAIR WELL PULL OR ALTER CASING T	(NOTE) Report results of multiplereempletion or zone change on Form 9-380.)
MULTIPLE COMPLETE CHANGE ZONES	TI THE SECOND SE
ABANDON*	The state of the s
(other) esq. leak survey	U. S. GEOLOGIOALISURVEV 主要できます。
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	e all pertinent dates lirectionally drilled, give subsurface locations and nt to this work.)* ्रहेड्डिड्डिड अर्थ अर्थ के
(sg. leak survey was performed on	turn of the first
(sq. leak survey was performed on subject well on 8-20-80, will Valles	7 (1971) 1 (
being dup up & tagged at surface.	
Survey was witnessed by Tony Platesnier of NMOCD.	17 de
Plassmier of NMOCD.	Figure 2. Company of the company of
	January Company of the Company of th
Subsurface Safety Valve: Manu. and Type	Set @
18. I hereby certify that the foregoing is true and correct	10 10 10 10 10 10 10 10 10 10 10 10 10 1
SIGNED Wire a. Mathefred TITLE ADMIN. SUPERI	ISOR DATE 9/1/80
ACCEPTED FOR RECORD This space for Federal or State off	소리실학자 링턴 필요한다
CONDITIONS OF APPROVAL, IF SEP 1 8 1980	DATE trops and the property of
U.S. GEOLOGICAL SURVEY	med mibri noibeiugan med no estatuan med no estata noibeiugan med no estata noibeiugan medicionoo biultula avada medicionoo
ROSWELL, NEW MEXICO	Side A Service