

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 TA
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: 1980' FNL & 1980' FEL
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) <u>TA</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. LEASE
LC-030557(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
Farmy A-5
9. WELL NO.
5
10. FIELD OR WILDCAT NAME
Kilmat Yates 7 Rvrs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Section 5 T-23S R-36E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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. Packoff wellhead & pressure up to 500 psi. Test for 30 minutes. Will notify BLM before work is started.

TA
APPROVED FOR 12 MONTHS
ENDING 3/1/86
Upon completion of satisfactory well test.

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 11/9/84

(This space for Federal or State office use)
APPROVED BY [Signature] DATE 3-5-85
CONDITIONS OF APPROVAL, IF ANY CF

**Subject to
Like Approval
by State**

RECEIVED

MAR -7 1985

HOUSE OFFICE