

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: 1650' FNL & 990' 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) <u>TA</u>        | <input checked="" type="checkbox"/> |                          |

5. LEASE  
LC-030557(a)
6. INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
NMFU
8. FARM OR LEASE NAME  
Farney A-17
9. WELL NO.  
3
10. FIELD OR WILDCAT NAME  
Jalmit Yates 7 Rvrs Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 17 T-23S R-36E
12. COUNTY OR PARISH, 13. STATE  
Lea NM
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. Set CIBP @ 3500'. Backoff wellhead & pressure up to 500 psi. Test for 30 minutes. Will notify BLM before work is started.

APPROVED FOR 12 MONTH PERIOD

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] TITLE \_\_\_\_\_ DATE 3-5-85  
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

MAR -7 1985

OFFICE