

N. M. CH. COM. COMMISSION  
F. BOX 112  
HOBBS, N.M. 88240

Am. Approved.  
Budget Bureau No. 42-R1424

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 **WATER SUPPLY**

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' FSL + 660' 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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON\* ☐

(other) ☐

SUBSEQUENT REPORT OF:

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LEASE

**LC-029864 (B)**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

**NMFU**

8. FARM OR LEASE NAME

**DANCIGER B**

9. WELL NO.

**2**

10. FIELD OR WILDCAT NAME

**CAPITAN REEF**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

**SEC. 6, T23S, R36E**

12. COUNTY OR PARISH

**LEA**

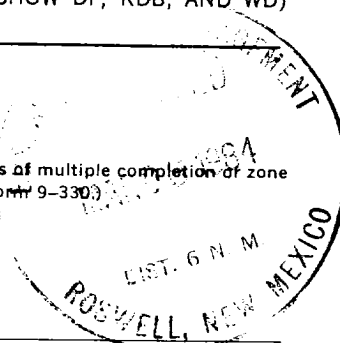
13. STATE

**NM**

14. API NO.

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

(NOTE: Report results of multiple completion of 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 1/27/84. TAGGED TOC @ 1604'. DO TO 3584'. CIRC HOLE CLEAN. TESTED 16" CSG TO 500 PSI. RIH W/TBG + HIT TIGHT SPOT @ 1689'. COULD NOT GO ANY DEEPER. RIH W/TBG TO 1557' + PMPD 1000 SXS CLASS "C" w/2% CaCl<sub>2</sub>. TBG STUCK. CUT TBG @ 1036'. RIH W/TBG TO 907' + PMPD 575 SXS CLASS "C" w/2% CaCl<sub>2</sub>. CIRC CMT TO SURFACE. TOPPED OFF CSG W/125 SXS CLASS "C" w/2% CaCl<sub>2</sub>. INSTALLED P & A MARKER. WELL P & A 2/7/84.**

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED **Wm A. Anderson** TITLE Administrative Supervisor DATE **3/6/84**

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE **8-13-85**

CONDITIONS OF APPROVAL, IF ANY: