N. M. OIL CONSERVATION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form 9-331
Dec. 1973

Form 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 well
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: ✓
5. LEASE: LC-029864(b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME: NMFU
8. FARM OR LEASE NAME: Danciger B WSW
9. WELL NO.: 2
10. FIELD OR WILDCAT NAME: Capitan Reef
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 6, T-23S, R-36E
12. COUNTY OR PARISH: Lea
13. STATE: N.M.
14. API NO.:
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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) Temporarily Abandon	✓	

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

RECEIVED
OCT 22 1982
OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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 10-12-82
Pressure tested casing - held okay. Leave tbg open ended at 1965'. Pump 250 sx class 'C' cmt w/10# Gilsonite and 1/4# flocele/sx and 2% $CaCl_2$. Circulate hole w/cmt on spot 1965' to approximately 1450'. Tubing open ended at 1438'. Circ. 200 bbls pkr. fluid. Cap & temp. abandon.

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 10-21-82

(This space for Federal or State office use)

APPROVED
(Orig. Sgd.) PETER W. CHESTER
MAR 28 1983
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR — MONTH PERIOD
ENDING OCT 22 1983

See Instructions on Reverse Side