## UNITED STATES

ONITED STATES	<b>5.</b> LEASE
DEPARTMENT OF THE INTERIOR	LC-029864(a)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
GEOLOGICAL CONVET	
	7. UNIT AGREEMENT NAME
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.)	NMFU
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME # #
1. oil gas [	Danciger B WSW
well well (other) Water Supply Well	9. WELL NO. 글씨 글 모드는
2. NAME OF OPERATOR	2 7 7 7
CONOCO INC.	10. FIELD OR WILDCAT NAME-
3. ADDRESS OF OPERATOR	Capitan Rees
P. O. Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
	AREA 6 9535
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	Sec. 7, T-23 S.R-36E
below.) AT SURFACE: 1980 FSL & 660 FWL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	
AT TOTAL DEPTH:	Lea WM
	14. API NO. 기술을 다 나 나 나 나 나 나 나 나 나 나 나 나 나 나 나 나 나 나
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	<u> </u>
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	출목출부 · 회 관광공★
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	F 2 5 3 5 4 4
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
MULTIPLE COMPLETE	
ABANDON*	attacko di nama di sala di sal
(other)	Control of the party of the par
	그 그는 불다 요즘 힘살다는 하는 현재인과 다양
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinent	irectionally drilled, give subsurface locations and it to this work.)* 그 한 자신 기술
MIRU. CO to 5300'. GIHW/ pkr to 3600'. Pn	10 200 bb/s 15% HCL-NE-FE in
71/Ka. Co 18 3300 . 41114/	
two stages. Divert between stages w/ 1000lbs, re	ocksalt in 670 gals, 10 ppg. brine.
Flush w/ 120 bbls. 2% KCL TFW. Release pkr.	- POOH. Place well back on production
714311 W 120 0013, 2 76 1622 11 W.	်းချင်းသည်။ မြောင်းများ
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No additional surface disturbance require	ed.
Verbal approval received per Karen Sayles	1/6/81
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Subsurface Safety Valve: Manu. and Type	Set @ Ft.
·	
18. I hereby certify that the foregoing is true and correct	
1/7 (8 1 VIII Administrative Supervice	FOR TOWNS 4 1981
SIGNED Wite O. THE TOTAL TITLE Administrative Supervise	DATE JUNEARY WITTON
(This space for Federal or State offi	ice use)
•	그는 그는 그는 그를 가고 있을 일을 하면 하는 것이다.
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	
	APPROVED
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45655 NMF44 FILE

\*See Instructions on Reverse Side

