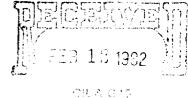
N. M. OIL COUS. CO P. O. BOX 1980 HOBBS, NEW ME	
	3. LL10L
ERIOR	LC-032573(b)
Υ	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
RTS ON WELLS	7. UNIT AGREEMENT NAME
	NMFU
	8. FARM OR LEASE NAME
	Elliott B-17
	9. WELL NO.
CLEARLY. See space 17	<u></u>
	10. FIELD OR WILDCAT NAME
	Drinkard
	11. SEC., T., R., M., OR BLK. AND SURVEY OF
	Sec. 17, T-225, R-37E
	12. COUNTY OR PARISH 13. STATE
	Lea NM
	14. API NO.
NATURE OF NOTICE,	
	15. ELEVATIONS (SHOW DF, KDB, AND WD
UENT REPORT OF:	
	(NOTE: Report results of multiple completion or zon
	change on Form 9-330.)

Form 9-331 Dec. 1973 UNITED STATES DEPARTMENT OF THE IN **GEOLOGICAL SURVE** SUNDRY NOTICES AND REPOR (Do not use this form for proposals to drill or to deepe reservoir. Use Form 9-331-C for such proposals.) gas W well other 2. NAME OF OPERATOR CONOCO INC. 3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240 4. LOCATION OF WELL (REPORT LOCATION AT SURFACE: 330 FALE 330 FEL AT TOP PROD. INTERVAL AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICAT REPORT, OR OTHER DATA SUBSE REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING

17. DESCRIBE PROPOSED OR COMPLETED including estimated date of starting any proposed work. If well is directionally drille measured and true vertical depths for all markers and zones pertinent to this work.)*

MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other)

MIRU 11/26/81. Perfed at 6396, 6404, 6428, 6436, 6482, 6470, 6478, 6488, 6498, 6507 of 1 JSPF. Acidized of 7066/s. 15% HCL. Tested 12/19/81: 8 BO, 3BW, 45 MCF.



UR GRAC ROSWELL K	JAL MINNEY
Set @	Ft.

Subsurface Safety Valve: Manu. and Type	Set @ Ft
18. I hereby certify that the foregoing is true and SIGNED WAY OF THE	correct TLE Administrative Supervisor DATE February 11,1982
ACCELLED A CLIECTED	pace for Federal or State office use) TITLE DATE
U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO	ee Instructions on Reverse Side