

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(To use this form for proposals to drill or to deepen or plug back to a different zone or for proposals to test proposals.)

1. oil ☐ gas ☒ other ☐

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P.O. Box 220, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FNL & 1980' 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) *information only*

SUBSEQUENT REPORT OF:

☐ REPAIR
☐ FRACTURE
☐ SHOOT
☐ ACIDIZE
☐ PULL
☐ ALTER
☐ CASING
☐ MULTIPLE
☐ COMPLETE
☐ CHANGE
☐ ZONES
☐ ABANDON

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U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE

NM-13,25

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFL

8. FARM OR LEASE NAME

Meyer A-29

9. WELL NO.

10

10. FIELD OR WILDCAT NAME

Jalmat Yates Seven Rivers

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

Sec 29, T-22S, R-36E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

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

NOTE: Report results of well completion or none change in flow (500)

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.)*

In reference to our request to workover the subject well dated March 2, 1981, please note the completion will be in the Lower Jalmat & Upper South Eunice pools. This will be a single completion, and a commingling order will be applied for.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *W. G. Butterfield* TITLE *Administrative Supervisor* DATE *April 6, 1981*

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

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U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO