

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 ☐
2. NAME OF OPERATOR
CONOCO INC
3. ADDRESS OF OPERATOR
PO Box 460 Hobbs NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *660 / N 1920 / W*
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* ☐

SUBSEQUENT REPORT OF:

RECEIVED

AUG 29 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

(other) *change acreage dedication*

5. LEASE
NM 13125
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFL
8. FARM OR LEASE NAME
MCLEER A-29
9. WELL NO.
10
10. FIELD OR WILDCAT NAME
Salinas YATES TRIVERS
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC 29 T22S R36E
12. COUNTY OR PARISH
LEA
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3524.7 OR

(NOTE: Report results of multiple completion or 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.)

It is proposed to amend subject well's Application for Permit to Drill in order to reflect the change in acreage dedication as shown on the attached well location and acreage dedication plat

Subject to NMOCB action establishing P.V.

Subsurface Safety Valve: Manul. and Type

Set @ Ft.

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

SIGNED *Wm A. Butterfield* TITLE *Admin. Super.* DATE *8-22-79*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS

NMFL

F. L.

*See Instructions on Reverse Side

