

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
Conquest Exploration Company
3. ADDRESS OF OPERATOR 77068
4201 FM 1960 West, Suite 500, Houston, TX
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 990' FWL (NW NW)
AT TOP PROD. INTERVAL: Same
AT TOTAL DEPTH: Same

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:

☐
☐
☐
☐
☐
☐
☐
☐

(other) Subsequent Report of Testing & Perforating

5. LEASE
NM 19450
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
N/A
7. UNIT AGREEMENT NAME
N/A
8. FARM OR LEASE NAME
Federal
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Cruz Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T23S, R33E
12. COUNTY OR PARISH
Lea
13. STATE
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3713' GR 3724' KDB

(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.)*

4-26-84: Core 5133'-5193', 19%-26% porosity.

5-4-84: Perforate 5124'-5130' & 5148'-5166'. Swabbed water, oil.

5-24-84: Gravel pack w/11 sx 40-60 gravel (11 cu.ft.). 5055-5170'.

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

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

SIGNED Kay Beasley TITLE Permits Administrator DATE 5/29/84

ACCEPTED FOR RECORD
(This space for Federal or State office use)

APPROVED BY SWQ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY

JUN 4 1984

Carlsted

NEW MEXICO

*See Instructions on Reverse Side