

N. M. GEOL. SURV.  
P. O. BOX 1170  
SANTA FE, NEW MEXICO 87240

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  
4201 FM 1960 W, Suite 500, Houston, TX 77068

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: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) Set 9 5/8" surface casing

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.)\*

Spud Date: 4-14-84

Date	Casing Size	Grade/Wt.	Hole Size	Depth Set	Amount/ Type Cmt.	TOC	Csg. Test
4-13-84	16" conductor			40'			
4-15-84	9 5/8"	36#K-55 STC	12 1/4"	500'	*250 sx cl "C"	Surface	500#

\*Circulated to surface

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED J. C. Copeland TITLE Drlg. Superintendent DATE 4-19-84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

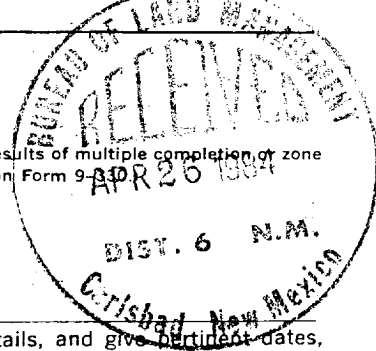
TITLE \_\_\_\_\_

DATE **ACCEPTED FOR RECORD**

APR 27 1984

\*See Instructions on Reverse Side

ROSWELL, NEW MEXICO



RECEIVED  
APR 30 1984  
O.C.D.  
HOBBS OFFICE