Form 9-331 Dec. 1973

Form Approved. Budget Bureau No. 42-R1424

ROSWELL, NEW MEXICO

5. LEASE

## UNITED STATES

DEPARTMENT OF THE INTERIOR	LC 069515
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to deepen or plug back to a different	7. UNIT AGREEMENT NAME
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas other inj.	NORTH EL MAR UNIT 9. WELL NO.
2. NAME OF OPERATOR	14
CONOCO INC.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	EL MAR DELAWARE
P. O. BOX 460. HOBBS N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
P. O. BOX 460, HOBBS, N.M. 88240 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	SEC. 25 T-265 R-32E 12. COUNTY OR PARISH 13. STATE
AT SURFACE: 1980 FNL & FWL	
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	LEA N.M.
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	<u> </u>
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
REPAIR WELL USE PULL OR ALTER CASING TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
MULTIPLE COMPLETE	change on rolling 3-330.)
CHANGE ZONES	
ABANDON*	
(other) Csq. /eak survey	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertinen	irectionally drilled, give subsurface locations and
	e e e e e e e e e e e e e e e e e e e
Csg. leak survey was performed on subject well w/	<del></del> 1
performed on subject well wil	
The former of Subject with up	
Valles being due up Atagged at	
Valles being dug up dtagged at	<b>├</b>
the surface. Survey was	\ <del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>
witnessed by Tony Plattsmer	
of MMOCD.	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby, certify that the foregoing is trife and correct	
7.1010	111210
SIGNED WHI U. BULLETURE TITLE ADMIN. SUPERVI	SOR DATE 6//2/80
(This space for Federal or State offi	ice use)
APPROVED BY	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	JUN 1 6 1989
4545-5	0011 1 0 1800
	HE CICIONICAL CUDVEY