

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 Injection well
2. NAME OF OPERATOR  
CONOCO INC.
3. ADDRESS OF OPERATOR  
P. O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FNL & 2005' FEL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
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) <u>repair csg leak</u> | <input checked="" type="checkbox"/> |                          |

5. LEASE  
LC - 069515
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
North El Mar Unit
8. FARM OR LEASE NAME  
North El Mar Unit
9. WELL NO.  
6
10. FIELD OR WILDCAT NAME  
El Mar Delaware
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 25-26S-32E
12. COUNTY OR PARISH  
Lea
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)\*

MIRU. Rls pkr @ 4626'. CO to 4694'. Set RBP @ 4600' & pkr @ 4500'. Pressure test csg until leak is isolated. cmt squeeze w/appropriate volumes. WOC. Set pkr @ 4635' & place on injection.

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

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

SIGNED W. A. Butcher TITLE Administrative Supervisor DATE 9-24-84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 10-26-84  
CONDITIONS OF APPROVAL, IF ANY:

Subject to  
Like Approval  
by State