REPAIR WELL

MULTIPLE COMPLETE CHANGE ZONES ABANDON*

(other) return to production

Colory Sas Colors Fund formuled. Funger Bure in No. 42- R0424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR LC-069515 GEOLOGICAL SURVEY 6. IF INDIAN, ALLOTTEE OR TRUSE NAME 7. UNIT AGREEMENT NAME SUMBRY NOTICES AND REPORTS ON WELLS なっとヨグルログ 8. FARM OR LEASE NAME North El Man Unit well well other 9. WELL NO. APR 13 1981 2. NAME OF OPERATOR CONOCO INC 10. FIELD OR WILDCAT NAME TUIS: GEOLOGICAL SURV 3. ADDRESS OF GRERA DDRESS OF OPERATOR U.S. GEOLOGICAL SUMM P.O.Box 460, Modes, R.A. Geologica, NEW MEXICO FIME DARK THE 11. SEC., T., R., M., CR BLK, AND SHAVEY CR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See aprice 17 AREA Sec. 26, I-265, R-325 AT SURFACE: 1980 FNL \$ 1980 FEL AT TOP PROD. INTERVAL: 12. COUNTY OF PARISH 13. STATE AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR CIHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING 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.)*

The subject well was shut in pending waterflood response. On 3/15/76 we placed a jumping unit and ran rods & pump. There was no change in zone or far forations.

Subsurface Safety Valve: Manu. and Type.	Set @ Ft.
18. I hereby certify that the foregoing is true and correct SIGNED Work To Taylor for Signed Time Aiministrative S	CLATISOT DATE April 10,1981
(This space for Federal or Stat	e office use)
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	ACCEPTED FOR RECORD

*See Instructions on Peverse Side

U.S. GEOLOGICAL JUKYFY POSWELL, NEW MESON