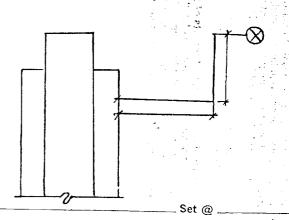
UNITED STATES DEPARTMENT OF THE INTERIOR

						Appro t Bure	ved. au No	. 42–F	R1424
	5.	LEAS	E						
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	6.	IF IN	DIAN,	ALLO	TTEE	OR T	RIBE	NAMI	E
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	12.	COUN	TY O	R PAR	RISH	13.	STATE		<u>.e_</u>
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	14.	API N	TY 0 <i>E A</i> 0.	R PAR	RISH	13. :	STATE N. N	: 1	
	14.	API N	TY 0 EA 0.	R PAR	1OW	DF, P	STATE N. N.	1. AND	WD)
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	14.	API N ELEVA	EAO.	R PAR	1OW	DF, M	STATE N. N.	1. AND	WD)
	14.	API N ELEVA	EAO.	R PAR	1OW	DF, M	STATE N. N.	1. AND	WD)
	14.	API N ELEVA	EAO.	R PAR	1OW	DF, M	STATE N. N.	1. AND	WD)
te	14. 15.	API N ELEVA	O. ATION	R PAR	fOW	DF, K	(DB, A	AND	WD)

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 well other 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 AT SURFACE: 660 FNL &FWL 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 FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) Csq. leak 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 pertinent to this work.)*

Csq. leak survey was performed on subject well of



Subsurface	Safety	Valve:	Manu.	and	Type	
					٠.	

18. I hereby certify that the forego	ing is trife and correct	•	
SIGNED WM a. Buttery	wed TITLE ADMIN SUPERVISOR DAT)
	(This space for Federal or State office use)	ACCOMIST FOR R	<u> 10020 </u>
APPROVED BY	TITLE		

CONDITIONS OF APPROVAL, IF ANY: 4565-5

JUN 161980

*See Instructions on Reverse Side

U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO