APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

M. CIL COMS. COMMISSION P. O. BOX 1980 Form Approved. WICO 88240 Budget Bureau No. 42-R1424 Dec. 1973 orbs, piem Mi UNITED STATES 5. LEASE LC - 030168 DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** SUNDRY NOTICES AND REPORTS ON WELL 7. UNIT AGREEMENT NAME (Do not use this form for proposals to drill or to deepen or plug back to a plug **FARM OR LEASE NAME** AVES gas well 🗹 SEP 28 1983 other WELL NO. well 2. NAME OF OPERATOR 1.0. FIELD OR WILDCAT NAME CONOCO INC. DIST. 6 N. M BCARBOROUGH YATES / KIVERS 3. ADDRESS OF OPERATOR 11. SEC., T., R., M., OR BLK. AND SURVEY OR P. O. Box 460, Hobbs, N.M. 88240 **AREA** 4. LOCATION OF WELL (REPORT LOCATION CLEARLY SEC. 19, T-265, R-37E FSL 4 1980' 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: LEA AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE (NOTE: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) 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.)* 8/25/83. CO TO 3220'. SET 3060'. ACIDIZED PERFS 3112'-3213' GALS 15% HCL-NE-FE, 84 GALS 10 # BRINE w/100 # ROCKSALT , 40 #/1000 GALS 1165 GALS 2% KCL TFW. SWBD. EQUIP. PUMPED 18 BO, 619 BW. 9/6/83. Subsurface Safety Valve: Manu. and Type 24 HRS 18. I hereby ceptify that the foregoing is true and correct Administrative Supervisor

*See Instructions on Reverse Side

(This space for Federal or State office use)

SEP 2 8 1983

ACCEPTED FOR RECORD

MORAS C.D.