Form 9-331 Dec. 1973	Form Approved. Budget Bureau No. 42–R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-030 139 (b)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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.) $ \frac{1}{2} \int_{-\infty}^{\infty} \frac{1}{2} \left(\frac{1}{2} \int_{-\infty}^{\infty}$	8. FARM OR LEASE NAME
1. oil gas	LANGLIE LYNN QUEEN UNIT
well well other 2. NAME OF OPERATOR	9. WELL NO. '
CONOCO INC.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. C. Box 450, Hobbs, N.M. 88240	LANGLIE MATTIX TRYRS. QN.
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY O AREA
below.)	SEC. 26, T-235, R-36E
AT SURFACE: 660' FNL & 660' FNL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	LEA NM
	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WE
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE REPAIR WELL	V. E.
PULL OR ALTER CASING I	(NOTE: Byport results of multiple completion or zor change on Form 9–330.)
MULTIPLE COMPLETE	2.1980 - January Lije og Lije i jedina i s
CHANGE ZONES	and the second s
ABANDON* (other) U. S. GEOLOG HOBBS, NE	W MEXICO
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17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	lirectionally drilled, give subsurface locations an
Due to holes in csq. @ 580'-1300' we regu	est approval to repair the csq.
as follows: Run free pt. to determine when	re esq. is free (TOC @ 2100').
Back 41/2" esq. off at first collar above	
of hole. Run new 4 1/2", 9.5th, K-55 csg. 1,	n hole & screw into existing
CSg. POOH al RBP@ 3465'. Run product	ion egpt. landing SN @ 3682'.
Return to production. No additional sur	
produced the second sec	
Subsurface Safety Valve: Manu. and Type	Set @ F
18. I hereby, certify that the foregoing is true and correct	
SIGNED Wha a. Bullishied TITLE Administrative Supe	TVISOT DATE
(This space for Federal or State off	Eco una)
,	APPROVED -
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE

*See Instructions on Reverse Side

DISTRICT SUPERVISOR