

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 P & A
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: 2310' FSL & 990' 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:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☐
☐
☐
☐
☐
☒

5. LEASE

LC 068281 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Russell 30 Federal

9. WELL NO.

9

10. FIELD OR WILDCAT NAME

North Mason Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 30, T-26S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

30-025-25367

15. ELEVATIONS (SHOW DF, KDB, AND WD)

VED
DEC 1980
SURVEY

(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.)*

TD of 4300' reached 11/14/76. Logged well. Not productive. P & A'd as follows.
Spot 100 sx class C cmt plug w/ 2% CaCl₂ from 4300' to 3950'. Spot 100sx class C cmt plug w/ 2% CaCl₂ to 4% CaCl₂ from 3000' to 2900'. Spot 90sx class C cmt plug w/ 2% CaCl₂ from 1150' to 1025'. Spot 10sx class C cmt plug at surface. Erect dry hole marker. Clean up area & restore surface.

Verbal approval received per A.R. Brown 11/14/76.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Wm. A. Butterfield TITLE Administrative Supervisor DATE December 1, 1980

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd) PETER W. GENTNER TITLE ACTING DISTRICT ENGINEER DATE DEC 19 1980
CONDITIONS OF APPROVAL, IF ANY: