

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 ☐
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: 1980' FSL & 1650' FEL
AT TOP PROD. INTERVAL: 1730
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* ☐

- ☐
☐
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☐
☐
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☐
☐

(other) change location ✓

5. LEASE

LC-030556 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFL

8. FARM OR LEASE NAME

Stevens A-35

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Langie Matix 7 Rivers Queen

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

Sec. 35, T-23S, R-36E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

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

(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.)*

We propose to change this location from 1980' FSL & 1650' FEL to 1980' FSL & 1730' FEL. This change will allow us to build our location without moving an existing fence.

See attached well location plot.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

Wm A. Butler

TITLE

Administrative Supervisor

DATE

May 26, 1981

(This space for Federal or State office use)

APPROVED BY

GEORGE H. STEWART

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY: