

N. M. OIL CONS. COMMISSION

P. O. BOX 1930

HOBBS, NEW MEXICO 88240

Form Approved.

Budget Bureau No. 42-R1424

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: 890' FALS 990' FEL
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-030556 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

East Heeper Abo Unit

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Undesignated Abo

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

Sec. 34 T-23S R-36E

12. COUNTY OR PARISH 13. STATE

Lea NM

14. API NO.

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

(NOTE: Report results of multiple completion or zone change on Form 9-332)

MINERAL RESOURCES
ROOSEVELL, NEW MEXICO

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.)*

Rui 12-11-82. Plugged the subject well with the following 9 plugs:

7899' - 7735' w/ 635x class H' cement
7530' - 7370' w/ 650x class H' cement
7155' - 6950' w/ 740x " " "
6720' - 6550' w/ 670x " " "
4840' - 4750' w/ 42 5x " " "
4630' - 4510' w/ 42 5x " " "
4036' - 3942' w/ 33 5x " " "
1365' - 1260' w/ 26 5x " " "
60' - Surface w/ 26 5x " " "

Rel rig & taken up location.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED John G. Trullinger TITLE Administrative Supervisor

DATE 12-15-82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE 8/13/85