

Form 9-331  
Dec. 1973

N. M. OIL CONS. COMMISSION  
P. O. BOX 130  
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' FNL & 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:

SUBSEQUENT REPORT OF:

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

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5. LEASE

LC-030556(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

East Hooper Abo

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

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 the casing design for the subject well from 8 5/8", 24# casing to 9 5/8", 36# casing. This intermediate string will be cemented with 14/4 sx Class C cement with 6% Gel, 18% salt and 2% CaCl<sub>2</sub>. Spud date for this well is September 1, 1982.

Intermediate csg to be run only if there are severe waterflows or lost circulation zones.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm G. Patterson

TITLE Administrative Supervisor

DATE July 29, 1982

APPROVED  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

AUG - 3 1982

JAMES A. GILLHAM

DISTRICT SUPERVISOR  
\*See Instructions on Reverse Side

DATE

RECEIVED  
JUL 30 1982