

UNITED STATES OF AMERICA  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

5. LEASE  
LC-032581(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
NMFU

8. FARM OR LEASE NAME  
SHOLES A

9. WELL NO.  
7

10. FIELD OR WILDCAT NAME  
JALMAT YATES

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 13, T25S, R36E

12. COUNTY OR PARISH  
LEA

13. STATE  
NM

14. API NO.

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

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: 660' FSL + 660' 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	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)			

(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.)\*

MIRU. CO TO 2955'. SET RBP @ 1300' (TOC IS 1117'). ISOLATE CSG LEAK. RESET RBP 50' BELOW LEAK + PKR 100' ABOVE. SQUEEZE W/130 SXS CLASS "C" CMT W/ 2% CaCl<sub>2</sub>. REL PKR. DD CMT. RESQUEEZE IF NECESSARY. REL RBP. SWAB. RUN PROD EQUIP. TEST.

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

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

SIGNED A. E. Bingham TITLE Administrative Supervisor DATE 6/21/84

(This space for Federal or State office use)

APPROVED BY R. B. Bittschler TITLE P. E. DATE 7/6/84

CONDITIONS OF APPROVAL, IF ANY: