UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

	5. LEASE
	0 LC - 032581 (A)
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME
ent	NMFU
	8. FARM OR LEASE NAME
	SHOLES A
	9. WELL NO.
	10. FIELD OR WILDCAT NAME
	JALMAT YATES 7 RVRS.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
. 7	AREA
	SEC. 24, T255, R36E
	12. COUNTY OR PARISH 13. STATE
	LEA NM
	14. API NO.
- 1	

(Do not use this form for proposals to drill or to deepen or plug back to a difference or plug back to 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 1 AT SURFACE: 660 FSL 4 660' AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, 30-025-09745 REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report results of multiple completion or zone PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) SQUEEZE 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.)* 2892! SQUEEZE CMT RETAINER @ W/75 SXS CLASS CIRC HOLE CLEAN W/106 BBLS 3 GBLS 15% HCL-NE-FE 2886'-2809' SET 2868-2886 W/28 BBLS 15% ACID. ACIDIZE BBLS TFW. REL PKR. RUN Subsurface Safety Valve: Manu. and Type Set @ _ 18. I hereby certify that the foregoing is true and correct Administrative Supervisor (This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY: