

COPY TO O. G. S.

Form 9-331
Dec. 1973

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 INS.
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 & 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:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☐
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐

(other) CSG. leak survey

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☒

5. LEASE
LC 032326A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
LANGLIE JACK UNIT
9. WELL NO.
12
10. FIELD OR WILDCAT NAME
LANGLIE MATIX 7 RURS QN.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 20 T-24S R-37E
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.)

RECEIVED

AUG 22 1980

**U. S. GEOLOGICAL SURVEY
HOBBS, 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.)*

CSG. leak survey performed on subject well 8/6/80, with valves being dug up & tagged at surface. Survey witnessed by Tony Plattsmier of NMCCD

ACCEPTED FOR RECORD

AUG 25 1980

**U. S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO**

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Wm A. Butterfield TITLE Admin. Supervisor DATE 8/20/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

COPIES OF THIS REPORT
TO BE FURNISHED TO:
1. Bureau of Land Management
2. Bureau of Reclamation
3. Bureau of Mines
4. Bureau of Geology
5. Bureau of Water
6. Bureau of Soil Conservation
7. Bureau of Forest Service
8. Bureau of Wildlife
9. Bureau of Fish and Game
10. Bureau of Parks and Recreation
11. Bureau of Indian Affairs
12. Bureau of Indian Education
13. Bureau of Indian Health
14. Bureau of Indian Housing
15. Bureau of Indian Lands
16. Bureau of Indian Resources
17. Bureau of Indian Self-Determination
18. Bureau of Indian Trusts
19. Bureau of Indian Welfare
20. Bureau of Indian Affairs
21. Bureau of Indian Education
22. Bureau of Indian Health
23. Bureau of Indian Housing
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