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 gas well other J.J.  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: GGO'F 5L & 1990'FEL AT TOTAL DEPTH:  AT TOTAL DEPTH:  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  17. UNIT AGREEMENT NAME  18. FARM OR LEASE NAME  19. WELL NO.  10. FIELD OR WILDCAT NAME  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  12. COUNTY OR PARISH! 13. STATE  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  17. UNIT AGREEMENT NAME  18. FARM OR LEASE NAME  19. WELL NO.  10. FIELD OR WILDCAT NAME  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  12. COUNTY OR PARISH! 13. STATE  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT FEULLS OF MULTIPLE COMPLETE  19. WELL NO.  10. FIELD OR WILDCAT NAME  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  12. COUNTY OR PARISH! 13. STATE  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)  16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT results of multiple completion or zone change on Form 9-330.  16. OR TO THE COUNTY OR PARISH! 13. STATE  17. UNIT AGREEMENT NAME  18. FARM OR LEASE NAME  19. WELL NO.  10. FIELD OR WILLCAT NAME  11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  12. COUNTY OR PARISH! 13. STATE  13. SEC. 20 7 - 24 - 37 -	DEPARTMENT OF THE INTERIO	5. LEASE  LC 032326 A
SUNDRY NOTICES AND REPORTS ON WELLS  Con not use this form for proposable to drill or to deepen or plug back to a different servicif, use from 5-31-C for such proposable.  1. oil	GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1. oil well well other well other 1.M.J.  2. NAME OF OPERATOR CONOCO INC.  3. ADDRESS OF OPERATOR P.O. BOX 400 Hobbs, N.M. 88240  4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 below)  AT SURFACE: 660'FSL & 1980'FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DATA  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: REST WATER SHUT-OFF SHOOT OR ACIDIZE EST WATER SHUT-OFF CHANGE ZONES  HOOT OR ACIDIZE CHANGE ZONES  HANDON'  OUNCY: CSB. Jeak Survey  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent defails) and give jertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subgurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)  17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent defails) and give jertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subgurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)  18. Second CALSULY AND ACCEPTED FOR RECORD  AND 25 1980  U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO  AUG 25 1980  U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO  ALL ALL ALL ALL ALL ALL ALL ALL ALL AL		ON WELLS  7. UNIT AGREEMENT NAME  WAR FU
2. NAME OF OPERATOR CONOCO INC.  3. ADDRESS OF OPERATOR P.O. BOX 400, Hobbs, N.M. 88240  4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660'= 51 8 1970' 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 RACTURE TREAT SHOOT OR ACIDIZE SEPAR WELL  PULL OR ALTER CASING MULTIPLE COMPLETE OMPLETED OPERATIONS (Clearly state all pertinent detail, and give pertinent dates, including estimated date of starting any proposed work, if well is directionally grilled, give subjections or zone measured and true vertical depths for all markers and zones pertinent to this work, we will subject to the complete of the comp	well well other	LANGLIE JACK UNIT
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°=51 & 1980° 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:  REST WATER SHUT-OFF FRACTURE TREAT  SHOOT OR ACIDIZE  REPORT CASING  MULTIPLE COMPLETE  DILL OR ALTER CASING  MULTIPLE COMPLETE  DIAMNGE ZONES  BARADON* Other) C.S. leak Survey  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 plus subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work, on 816180, we leave the subsurface locations and with the starting any proposed work. If well is directionally drilled plus subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work, on 816180, we leave the subsurface locations and content with the subsurface locations and acceptable of the subsurface locations and acceptable of the subsurface locations and locations and subsect well on 816180, we leave the subsurface locations and loca	2. NAME OF OPERATOR	14 4843 4 484
AREA SECTO FASTE  AREA SECTO FASTE  12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: AT TOP PROD. INTERVAL: 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: FRACTURE TREAT  SHOOT OR ACIDIZE  UNIT OR ALTER CASING  WILLIPLE COMPLETE  CHANGE ZONES  BRANDON'S  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, pive subspirace locations and measured and true vertical depths for all markers and zones pertinent to this work.  18. Leak Survey  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, pive subspirace locations and measured and true vertical depths for all markers and zones pertinent to this work.  18. SECOND CALCAL SURVEY  N. S. GEOLOGICAL SURVEY  N. MOCD.  AUG 2.5 1980  U.S. GEOLOGICAL SURVEY  ROSWELL, NEW MEXICO  ROSWELL, NEW MEXICO  RICHER TOP TO THE PARISH 13. STATE  14. API NO.  15. ELEVATIONS (SHOW DF, KDB, AND WD)  16. ELEVATIONS (SHOW DF, KDB, AND WD)  16. ELEVATIONS (SHOW DF, KDB, AND WD)  16. ELEVATIONS (SHOW DF, KDB, AND WD)  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, pive subspirace to exist of the proposed work. If well is directionally drilled, pive subspirace to exist of the proposed work. If well is directionally drilled, pive subspirace to exist of the proposed work. If well is directionally drilled, pive subspirace to exist of the proposed work. If well is directionally drilled, pive subspirace to exist of the proposed work. If well and proposed w	3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	LANGUE MATTIX TEVES ON
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA  15. ELEVATIONS (SHOW DF, KDB, AND WD)  REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:  REST WATER SHUT-OFF	below.) AT SURFACE: 660'F5L & 1980'FEL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE  LEA NA
TEST WATER SHUT-OFF  PRACTURE TREAT  PRACTURE TREAT  REPAIR WELL  PULL OR ALTER CASING  WULTIPLE COMPLETE  CHANGE ZONES  MANDON*  Other) Csg. leak survey  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 grilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this wook.  Csg. leak survey performed an subject well on 816180, we yelves being due to the survey with the survey performed and subject well on 816180, we yelves being due to the survey with the survey performed and subject well on 816180, we have being due to the survey with the survey with the survey with the survey of the survey with the survey of the survey of the survey with the survey of	16. CHECK APPROPRIATE BOX TO INDICATE NATU	JRE OF NOTICE,
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.)  Compared to this work.)  Compared to this work.  Compared to thi	REQUEST FOR APPROVAL TO:  SUBSEQUENT  FERACTURE TREAT  SHOOT OR ACIDIZE  PULL OR ALTER CASING  CHANGE ZONES  ABANDON*  (other) CSg. leak survey	(NOTE: Report results of multiple completion or zone change on Form 9–330.)
	including estimated date or starting any proposed measured and true vertical depths for all markers of the survey performed on so on 8/6/80, who values being up I tagged @ surface. Survey NMOCD.  AUCEPTED  AUCEPTED  Subsurface Safety Valve: Manu. and Type  18. I hereby certify that the foregoing is true and correct	d work. If well is directionally drilled, give subsurface locations and and zones pertinent to this work. GEOLOGICAL SUVY.  BFOR RECORD  CLI, NEW MEXICO  Set @ Ft.

DATE

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