Form 9-331 Dec. 1973

Form 9–331 Dec. 1973	Form Approved.  Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	NM 037667
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME & Table
(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.)	NMF4
1. oil gas	8. FARM OR LEASE NAME  LANGLIE JACK UNIT
well well other /NJ.	9. WELL NO. 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
2. NAME OF OPERATOR CONOCO INC.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	LANGLIE MATTIX 7 RURS ON
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: 1980'FNL & 660'FWL	SEC. 21 T-245 R-37 F
AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	<u> </u>
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	15. ELEVATIONS (SHOW DF, KDB, AND WD)
TEST WATER SHUT-OFF	2 - 13 m ray
FRACTURE TREAT	DECENTE III
REPAIR WELL	
PULL OR ALTER CASING	(NOTE: Report results of Allitiple completion or zone Actualize and Form 9-330.)
CHANGE ZONES	그 그 그 이 사람들이 보고 관련을 하는 것이다.
ABANDON*	U. S. GEOLOGICAL SURVEY
(other) csq. leak 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.)*	
Csq. leak survey performed on	To time work.) - 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Usy. leak survey performed on subject well 8/6/80, with valves being	tion of the state
dug up & tagged at surface	
Survey witnessed by Tony	
Survey witnessed by Tony Plattsmier of NMQCD	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
ACCEPTED FOR RECORD	
AUG 2 5 1980	
115 650	
Subsurface Safety Valve: Manu. and Type KOSWELL, NEW MEXICO  18. I hereby certify that the foregoing is true and correct	Set @Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED WELL - That the feel TITLE Admin. Supervisor	DATE 8/20/80
(This space for Federal or State office use)	
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
OF ALL ROYAL, IF ANY:	Republican Control of the Control of
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