

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other

NOV 8 1982

2. NAME OF OPERATOR
CONOCO INC.

OIL & GAS
MINERALS MGMT. SERVICE

3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240

ROSOWELL, NEW MEXICO

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 660' FNL & 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:

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

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5. LEASE

LC-A32581(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Shaker B-19

9. WELL NO.

3

10. FIELD OR WILDCAT NAME

Jalnet Yates

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

Sec. 19, T-25S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

14. API NO.

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

(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 3-1-82

Pulled rods, pump & hbg. Set CIBP @ 3000'. Spot 25sx class 'c' neat cmt plug on top of CIBP. Perf @ 1100' w/4JSF. Squeezed into perfs w/100sx class 'c' cmt. Circ. 10sx to surface. Set 25sx class 'c' cmt plug to surface. Erect dry hole marker.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE 11-4-82

APPROVED

(This space for Federal or State office use)

APPROVED BY JAMES A. GILLHAM TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

NOV 12 1982

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side