

N. M. OIL CONS. COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

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 ☐ 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 17 below.)

AT SURFACE: 2310' FSL + 330' 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) CHANGE WELL NAME + NUMBER

5. LEASE

LC-032581 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

SHOLES A AC/H

9. WELL NO.

58

10. FIELD OR WILDCAT NAME

JALMAT GAS

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

SEC. 24, T25S, R36E

12. COUNTY OR PARISH

LEA

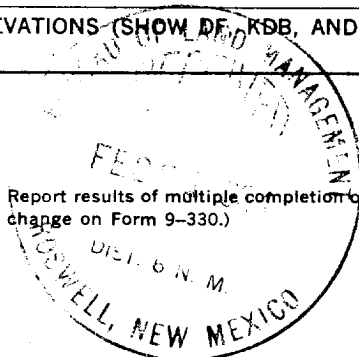
13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DE, 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.)\*

DUE TO THE COMPLETION OF THIS WELL IN THE JALMAT GAS POOL, IT IS NO LONGER COMMUNITIZED; THEREFORE, THE NAME SHOULD BE CHANGED TO SHOLES A No. 8. (COMPLETION REPORT TO FOLLOW.)

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm. A. Puffer TITLE Administrative Supervisor DATE 2/16/84

APPROVED

(This space for Federal or State office use)

APPROVED BY W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

MAR 1 1984

RECEIVED  
MAR 2 1984  
O.C.D.  
HOBBS C.

RECEIVED  
MAR 2 1984  
O.C.D.  
HOBBS C.