

N. M. OIL CONS. COMMISSION
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

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 ☐
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: 660' 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: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Information</u>		

5. LEASE <u>LC-032714(g)</u>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME <u>NMFU</u>
8. FARM OR LEASE NAME <u>Gates A-27</u>
9. WELL NO. <u>1</u>
10. FIELD OR WILDCAT NAME <u>Jalmat Yates Seven Rivers</u>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 27, T-24S, R-36E</u>
12. COUNTY OR PARISH <u>Lea</u>
13. STATE <u>N.M.</u>
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.)*

In reference to your letter of July 12, 1982, we plan to evaluate Jalmat stimulation. If the results are unsuccessful we will plug and abandon the subject well the last quarter of 1982.

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

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

SIGNED John A. Butterfield TITLE Administrative Supervisor DATE 9-13-82

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	ACCEPTED FOR RECORD <u>PETER W. CHESTER</u> SEP 16 1982 U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO	(This space for Federal or State office use) TITLE _____ DATE _____
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*See Instructions on Reverse Side

RECEIVED

SEP 17 1982

O.C.D.
HOBBY OFFICE