

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 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 & 1980' FWL
AT TOP PROD. INTERVAL: ☒
AT TOTAL DEPTH: ☒

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

SUBSEQUENT REPORT OF:

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☐
☐

JAN 10 1983

OIL & GAS
MINERALS DIST. SERVICE
ALBUQUERQUE, NEW MEXICO

5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. 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)

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.)*

Set BP @ 7600'. Log from 6800' - 4800' and correlate w/ DH GR log.
Perf w/ 2 JSPF 6704-6718 (Total 30 shots) Set pkr @ 6650'. Acidize Wolfcamp w/ 1500 gal 15% HCL-NE-FE. Flush w/ TFW to top of perfs. Swab. Rel. pkr and reset BP @ 6690'. Perf w/ 2 JSPF 6683'-6676' (Total 16 holes). Set pkr @ 6600'. Acidize Wolfcamp w/ 800 gals 15% HCL-NE-FE. Flush w/ TFW to top of perfs. Swab. Rel. pkr and reset BP @ 6750'. Perf w/ 2 JSPF from top to bottom 6104'-6110 and 6145'-6168' (Total 62 holes). Set pkr @ 6050'. Acidize Wolfcamp w/ 3200 gals 15% HCL-NE-FE. Flush w/ TFW to top of perfs. Swab. Test.

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

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

SIGNED Wm D. Dutton TITLE Administrative Supervisor DATE 1-7-83

APPROVED (This space for Federal or State office use)

APPROVED BY: PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JAN 13 1983

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side