

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: 1606' FVL & 928' FVL
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) ☐

SUBSEQUENT REPORT

RECEIVED
NOV 15 1982
U. S. GEOLOGICAL SURVEY
FARMINGTON, N. M.

5. LEASE
Contract 36
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Ticariilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Northeast Haynes
9. WELL NO.
5
10. FIELD OR WILDCAT NAME
Otero Gallup-Basin Dakota
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T-24N, R-5W
12. COUNTY OR PARISH
Rio Arriba
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 9-330C)

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.)*

Spot 26615 15% HCL-NE-FE from 6829' to 6742' Log from 6837' to 6400' Perf the Dakota interval w/ JSPF @ 6772', 74', 75', 6804', 66', 10', 14', 16', 27', 6829'. Set pkr @ 6200'. Breakdown Dakota interval from 6772' to 6829' w/ 71 bbls 15% HCL-NE-FE. Flush w/ 68 bbls 2% KCL TFW. Frac Dakota interval (6772-6829'). Total treating fluid: 867 bbls; total sand: 80,500 #; flush w/ 54 bbls TFW. CO to TD, swab. Release pkr and run production equipment. Test.

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 11-10-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

1382
for F. S. Miller
DISTRICT ENGINEER

NMOCC