

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 450, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1690' FSL & 1120' 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: SUBSEQUENT REPORT OF:

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

5. LEASE
Contract 36
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
Jicarilla Apache
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Northeast Haynes
9. WELL NO.
8E
10. FIELD OR WILDCAT NAME
Basin Dakota/Otero Gallup
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 15-24 N-5W
12. COUNTY OR PARISH Rio Arriba 13. STATE NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

OIL CON. DIV.
DIST. 3

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. Set RBP @ 6400'. Spot 8 bbls 7.5% HCL-NE-FE. Perf w/ 1 JSPF @ 5709', 22', 25', 28', 32', 35', 40', 42', 5813', 21', 51', 55', 57', 68', 71', 5909', 13', 17', 21', & 25', total 20 holes. Acidize w/ 60 bbls 7.5% HCL-NE-FE. Frac w/ 903 bbls 75 quality foam 20/40 sand & 841,911 SCF N₂. Swbd. Test. Rls RBP @ 6400', run prod. equip. place well on prod. Well downhole commingled in Dakota & Gallup per NMOCC order DHC-463. 2 3/4 tbg @ 5940

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

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

SIGNED Wm A. Barthelme TITLE Administrative Supervisor DATE 9-25-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OCT 01 1984

FARMINGTON RESOURCE AREA
BY P. B. B.

NMOCC

*See Instructions on Reverse Side