

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: 990' FNL & 990' 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:

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

SUBSEQUENT REPORT OF

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RECEIVED  
FEB 18 1983

U. S. GEOLOGICAL SURVEY  
FARMINGTON, N. M.

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

OIL CON. DIV.  
DIST. 3

5. LEASE

Contract 36

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

N.E. Haynes

9. WELL NO.

15

10. FIELD OR WILDCAT NAME

Ballard Pictured Cliffs

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

Sec. 21 T-24N R-5W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

N.M.

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.)\*

Ran GR/CCL to PBTD(2481'), log from 2480'-2200'.  
Perf w/1 JSPF @ 2376', 77', 79', 80', 81', 82', & 2383'. Break  
down perfs w/22 bbls 15% HCL-NE-FE acid. Frac down  
3 1/2" csg w/731 bbls of 70% quality foam consisting of  
219 bbls 2% KCL, 281,718 SCF of N<sub>2</sub> & 37,947# 10/20 sand.  
Ran production equipment. Tested 2-6-83: 127 MCF in 24 hrs.

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

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

SIGNED Wm A. Duthie TITLE Administrative Supervisor DATE 2/17/83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE RECEIVED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY:

FEB 25 1983

EDMONTON DISTRICT  
Elliott