

P. O. BOX 460  
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: 2565' FSL + 1295' 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 ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON\* ☐

(other) Clean Out and Stimulate

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. RIH w/ bailer + CO 3968' - 4014'. Set RBP @ 3770' + pkr @ 3620'. Acidize San Andres 7th zone 3667' - 3716' w/ 5 BBLs of 15% HCL - NE - FE. Rel RBP @ 3770' + pkr @ 3620'. Reset RBP @ 3620' + pkr @ 3470'. Acidize 6th zone San Andres w/ 21 BBLs 15% HCL - NE - FE. Rel pkr @ 3470' + RBP @ 3620'. Place on Production.

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

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

SIGNED David A. Smylie TITLE Administrative Supervisor

DATE 10/3/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY LWQ

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY

OCT 2 1984

Carlsbad, NEW MEXICO

\*See Instructions on Reverse Side

5. LEASE

LC 029405(B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA Unit

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

283

10. FIELD OR WILDCAT NAME

Maljamar Grayburg San Andres

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

Sec. 19, T-17S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)