

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-D for such proposals.)

1. oil ☒ gas ☐ other ☐
well well
2. NAME OF OPERATOR
CONOCO INC.
3. ADDRESS OF OPERATOR
P.O. Box 400, Hobbs, NM 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: **1580' ENL & 2010' 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) ☐

SUBSEQUENT REPORT OF:

- ☐
☐
☒
☐
☐
☐
☐
☐
☐

5. LEASE
NM 2512
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFL
8. FARM OR LEASE NAME
Hawk B-10
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
Blinebry / Drinkard
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T-21S, R-37E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

RECEIVED

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

MAR 03 1981

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

11/3/80 MIFLU. Fish Model D pkr. CO to 6786'. Acidize Drinkard w/ 33 bbls.
15% HCL-NE-FE. Swabbed. Perforated Blinebry from 5680'-5700' w/ 1 JSPP.
Acidize w/ 105 bbls. 15% HCL-NE-FE. Flush w/ 2% KCL wtr. Swabbed.
Ran production equipment. Tested Blinebry 2/6/81: 12 BO, 6 BW, 160 MCF.
Drinkard 12/14/80: 4 BO, 4 BW, 26 MCF.

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

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

SIGNED Wm A. T. [Signature] TITLE Administrative Supervisor DATE March 2, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE ACCEPTED FOR RECORD

MAR 4 1981

*See Instructions on Reverse Side

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