

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ gas ☐ other ☐
well well

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: 1980' FNL & 1980' 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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>

(other) CLEAN OUT & CHEMICAL INHIBIT

5. LEASE
LC-032096 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
Lockhart B-11

9. WELL NO.
17

10. FIELD OR WILDCAT NAME
Drinkard / Abo

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 11, 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 23 1983

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, 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.)*

C.O. to 7425'. Set RBP @ 7420'. Set pkr. @ 6750'. Acidize Abo (6790'-7412') w/ 90 Bbl. 15% HCL-NE-FE. Pump 500 lbs. graded rock salt in 8 bbl. 10 PPG brine water w/ 20 lbs. guar gum. Flush w/ 45 bbl. 2% KCL TFW. Reset pkr. @ 6500'. Reset RBP @ 6750'. Acidize Drinkard (6582'-6708') w/ 54 Bbl. 15% HCL-NE-FE. Pump 250 lbs. graded rock salt mixed in 4 Bbl. 10 PPG brine water w/ 10 lbs guar gum. Flush w/ 35 Bbl. 2% KCL TFW. Reset RBP @ 7420'. Swab. Reset pkr @ 6750'. Chemically inhibit Abo w/ one drum chemical mixed in 220 Bbl. 2% KCL TFW. Pump 500 lbs. graded rock salt mixed in 4 Bbl. 10 PPG brine water w/ 10 lbs guar gum. Reset pkr. @ 6500'. Reset RBP @ 6750'. Chemically inhibit Drinkard w/ one drum chemical mixed in 190 Bbl 2% KCL TFW. Pump 250 Bbl graded rock salt mixed in 4 Bbl 10 PPG brine water w/ 10 lbs. guar gum. Release pkr. Release RBP. Run Production Equipment. Test. Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. P. [Signature] TITLE Administrative Supervisor DATE 3/21/83

APPROVED

(This space for Federal or State office use)

APPROVED BY (C.G.S. S.D.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY

MAR 25 1983

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

See instructions on Reverse Side