

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 WATER INJECTION

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: 660' FNL + 1980' 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) RUN NEW CASING

5. LEASE NO.

LC-030133 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

SOUTH EUNICE UNIT

9. WELL NO.

35

10. FIELD OR WILDCAT NAME

SO. EUNICE 7 RVRS. QN.

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

SEC. 28, T-22S, R-36E

12. COUNTY OR PARISH 13. STATE

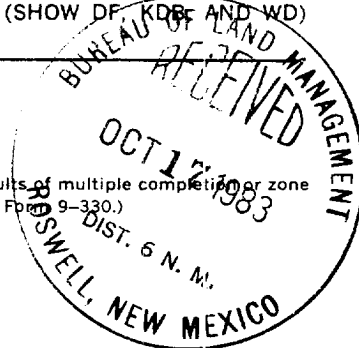
LEA

NM

14. API NO.

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

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



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. DO CMT RETAINERS @ 2108' + 3573'. SPOT 5 BBLs 15% HCL-NE-FE 3594'-3799. PERF W/2 JSPPF @ 3684'-92', 3712'-24', 27'-36', 48'-94' (TOTAL 150 PERFS). SPOT 115 GALS 10# BRINE 3681'-3799'. DUMP 150 LBS CAL-SEAL 3667'-3681'. INSURE TOP OF PLUG IS BETWEEN 3665' + 3671'. RUN 3 1/2" 9.2# CASING TO 3660'. PUMP 75 SXS CLASS "C". TAIL IN W/25 SXS CLASS "C". WOC. DO PLUG @ ± 3665'. SET PKR @ 3650'. ACIDIZE PERFS W/150 BBLs 15% HCL-NE-FE, 238 LBS ROCK SALT W/4 BBLs 9 PPG BRINE, + 40 LBS/1000 GALS GUAR GUM. FLUSH W/15 BBLs TFW. SWAB. SET INJECTION PKR @ 3650' + PLACE WELL ON INJECTION.

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

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

SIGNED Peter W. Chester TITLE Administrative Supervisor DATE 10/14/83

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

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

NOV 14 1983

RECEIVED
NOV 15 1983
C.C.B.
HOBBS OFFICE