

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

5. LEASE
LC-030167 (A)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
AMFU
8. FARM OR LEASE NAME
McCALLISTER A
9. WELL NO.
6
10. FIELD OR WILDCAT NAME
SCARBOROUGH YATES 7 RIVERS
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 25, T-26S, R-36E
12. COUNTY OR PARISH
LEA
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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 <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>
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: 1980' FNL + 330' 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) _____	

(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. CO TO 3285'. Pump 147 GALS 15% NE-FE-HCL 3137'-3285'. PERF @ 3157', 3200', 3202', 3204' w/2 JSPF, 3218', 24', 29', 40', 44', 48', 51', 61', 3264' w/1 JSPF (TOTAL 17 PERFS). SET PKR @ 3120'. ACIDIZE PERFS w/1950 GALS 15% NE-FE-HCL. FLUSH w/32 BBLs 2% KCL TFW. RESET PKR @ 3120' + SWAB. IF INHIBITION IS NECESSARY, PUMP 1 DRUM CHEMICAL MIXED w/10 BBLs 2% KCL TFW. FLUSH w/160 BBLs 2% KCL TFW. REL PKR. RUN PRODUCTION EQUIPMENT. TEST.

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

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

SIGNED Wm A. Butler TITLE Administrative Supervisor DATE 8/2/83

(This space for Federal or State office use)

APPROVED BY W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

AUG 22 1983