

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: 554' FNL & 554' 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) convert to SWD ☒

SUBSEQUENT REPORT OF:

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5. LEASE 057210

LC-029504(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Baish B

9. WELL NO.

36

10. FIELD OR WILDCAT NAME

Baish Wolfcamp

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

Sec. 28, T-17S, R-32E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DF, 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.)\*

Test csg from 0'-5300'. Squeeze procedure will be issued if holes are found. CO to 5485'. Test csg below 5200'. Squeeze w/ 200sx cmt if holes are found. Repeat if needed. Drill out retainer at 5485'. Drill out cement from 6653'-6690' and BPat 6900'. CO to 10,050'. Test lower end of csg. Squeeze procedure will be issued if needed. Perf the following w/ 4JSPF: 9965'-85', 10005'-15', 10035'-40'. Set pkr 9900'. Acidize w/ 2925 gals. acid. Flush w/ 676 bbls clean produced water. Rig down. Wait for NMOC D order approving SWD.

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 November 5, 1981

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: NOV 13 1981

FOR

JAMES A. GILHAM

DISTRICT SUPERVISOR

See Instructions on Reverse Side