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

Form 9-331
Dec. 1973

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 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: 2310' FSL & 330' FEL
AT TOP PROD. INTERVAL: ✓
AT TOTAL DEPTH: ✓

5. LEASE
~~LC-031621-(b)~~ NM 1151

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
Sanderson B-1

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Eunice Monument (G/SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T-20S, R-36E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

14. API NO.

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

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)			

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OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

(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.)*

Clean out to PBTD, 3855'. Tie into 5½" casing shoe @ 3772' and perf the following OH intervals: 3775'-3780', 3787'-3797', 3815'-3824', 3837'-3847'. Set pkr @ 3700'. Acidize OH 3772'-3855' w/15% HCL-NE-FE acid; 40bbls. Divert w/36bbls gelled treated brine. Pump 40bbls acid. Flush to pkr w/156bbls treated brine. Swab. Chemically Inhibit OH 3772'-3855' w/2 drums 4958 (Nalco) mixed w/20bbls TFW. Add 1 gal ODS-980 & 1 gal TC-120 & mix w/solution. Flush w/157 bbls TFW. Release 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. Buttrey TITLE Administrative Supervisor DATE 12-2-82

(This space for Federal or State office use)

APPROVED

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

CONDITIONS OF APPROVAL, IF ANY:

DEC 8 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side