

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

OIL & GAS COMMISSION
HOBBS

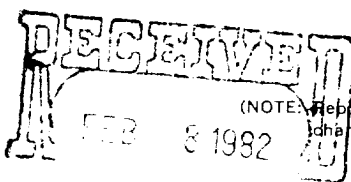
SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

- 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: 1980' FNL & 660' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

- 5. LEASE
LC-031622(a)
- 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
- 7. UNIT AGREEMENT NAME
NMFU
- 8. FARM OR LEASE NAME
Sanderson A
- 9. WELL NO.
9
- 10. FIELD OR WILDCAT NAME
Eunice Monument (G-SA)
- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14, T-20S, R-36E
- 12. COUNTY OR PARISH 13. STATE
Lea NM
- 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 <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input checked="" 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) <input type="checkbox"/> | <input type="checkbox"/> |



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

OIL & GAS
U.S. GEOLOGICAL SURVEY
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.)*

MIRU 10/23/81. Milled over CIBP at 3880'. Acidized w/ 50 bbls 15% HCL-NE-FE. Flushed w/ 20 bbls. 2% KCL TFW. Swabbed. Ran production equipment. Tested 12/5/81: 1 BO, 46 BW, 8 MCF
We did not re-perf.

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

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

SIGNED Wm A. Dutton TITLE Administrative Supervisor DATE February 5, 1982

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

ACCEPTED FOR RECORD
PETER W. CHESTER
FEB 24 1982
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

FEB 25 1947

O.C.O.
HOBBS OFFICE