

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: 660' FSL & 990' FWL
AT TOP PROD. INTERVAL: ✓
AT TOTAL DEPTH: ✓

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
LC-030143 (6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
Reed B

9. WELL NO.
13

10. FIELD OR WILDCAT NAME
Eunice Monument G/A

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28 T-20S R-36E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

14. API NO.

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

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) _____

SUBSEQUENT REPORT OF:

RECEIVED

NOV 24 1982

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

OIL & GAS
MINERALS MGMT. SERVICE
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.)*

Clean out liner to 3807'. Spot 2 bbls 15% HCL-NE-FE from 3867' - 3750'. GIH/MGR-CCL-PFC & log from C.A.T.D. to 3400'. Tie in MOH GRV. Perf w/ 2 JSPF from 3793' - 3860'. Total 39 holes. Set pkr @ 3650'. Load backside w/ treated brine. Treat perts w/ 78 bbls 15% HCL-NE-FE acid. Flush to TOL w/ 15 bbls treated brine. Swab. Chemically inhibit perts. Mix 2 drums 4955 in 20 bbls TFW. Flush w/ 155 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 James A. Gillham TITLE Administrative Supervisor DATE 11-23-82

APPROVED

(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL NOV 29 1982

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

RECEIVED
NOV 24 1982

NOV 24 1982

RECEIVED
NOV 30 1982
O.C.D.
HOBBS OFFICE