

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 ☒ gas ☐ other ☐  
well well
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 + 1980' 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: SUBSEQUENT REPORT OF:
- TEST WATER SHUT-OFF ☐ ☐
- FRACTURE TREAT ☐ ☐
- SHOOT OR ACIDIZE ☐ ☐
- REPAIR WELL ☐ ☐
- PULL OR ALTER CASING ☐ ☐
- MULTIPLE COMPLETE ☐ ☐
- CHANGE ZONES ☐ ☐
- ABANDON\* ☐ ☐
- (other) DRILL OUT + STIMULATE ☒

5. LEASE  
LC - 031670(A)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
NMFU
8. FARM OR LEASE NAME  
SEMU PERMIAN
9. WELL NO.  
17
10. FIELD OR WILDCAT NAME  
SKAGGS GRAYBURG
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 19, T-20S, R-38E
12. COUNTY OR PARISH  
LEA
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

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DEC 22 1 05 AM '83  
BUREAU OF REVENUE  
ROCKWELL DISTRICT

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 10/17/83. DO TO 3910'. SET PKR @ 3584'. ACID FRAC'D W/ 124 BBLs 15% HCL-NE-FE, 138 BBLs GEL, + 1500 # ROCKSALT. INHIBITED W/ 2 DRUMS CHEMICAL IN 20 BBLs TFW. FLUSHED W/ 216 BBLs TFW. REL PKR. RAN PROD EQUIP. PMPD 21 BD, 467 BW, < 1 MCF 11/3/83.

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 12/20/83

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL: ANY: 11384  
PETER W. CHESTER  
MAR 1 1984

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MAR 7 1984

O.C.D.  
HOBBS CH. 1-E