

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
P.O. BOX 1990
HOBBS, NEW MEXICO

INTERIOR CONS. COMMISSION

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:
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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	<input 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) <u>CHEMICAL INHIBIT</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5. LEASE
LC-031740 (b)
88240

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
Meyer B-9

9. WELL NO.
4

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

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T-21S, R-36E

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.)
MAR 25 1983

Oil & Gas
MINERAL RIGHTS 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.)*

C.O. to 3915'. Perforate Grayburg w/ 1 JSPP @ 3794', 3797', 3808', 3810', 3821', 3823', 3834', 3836', 3844', 3847', 3864', 3867', and 3872' (TOTAL 13 SHOTS.) Set pkr. @ 3650'. Acidize Grayburg (3791'-3908') w/ 50 BBL. 15% HCL-NE-FE. Pump 250 lbs. graded rocksalt mixed in 4 BBL 10 ppg brine water w/ 10 lbs. guar gum. Flush w/35 bbls. 2% KCL TFW. Swab. Chemically inhibit 3791'-3908' w/ 1/2 drum chemical mixed in 105 bbls. 2% KCL TFW. Pump 250 lbs. graded rocksalt mixed in 4 BBL. 10 ppg brine water w/10 lbs. guar gum. Rel. pkr. Set RBP @ 3785'. Perf. Grayburg w/1 JSPP @ 3740', 3743', 3745', 3746', 3759', 3760', 3768', 3769' (TOTAL 8 SHOTS) Set pkr @ 3690'. Acidize 3740'-3769' w/ 24 bbls. 15% HCL-NE-FE. Pump 30 bbls. 2% KCL TFW. Swab. Chemically inhibit (3740'-3769') w/ 1/2 drum chemical mixed in 100 bbls. 2% KCL TFW. Rel. pkr. Rel. RBP. Run production equipment. Test. Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

18. I hereby certify that the foregoing is true and correct
SIGNED W.A. Butterfield TITLE Administrative Supervisor DATE March 23, 1983

(This space for Federal or State office use)
APPROVED (Print Name) PETER W. CHESNEY TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAR 29 1983
FOR
JAMES A. GILLHAM *See instructions on Reverse Side
DISTRICT SUPERVISOR