



Mark K. Mosley  
Division Manager  
Production Department  
Hobbs Division  
North American Production

Conoco Inc.  
P. O. Box 460  
726 E. Michigan  
Hobbs, NM 88240  
(505) 393-4141

October 5, 1982

State of New Mexico  
Energy and Minerals Department  
Oil Conservation Division  
P. O. Box 2088  
Santa Fe, New Mexico 87501

Attention: Mr. Michael E. Stogner

Dear Sir:

Amendment to Administrative Order No. DHC-313; Britt B No. 26, Unit M,  
Section 15, T20S, R37E, Lea County, New Mexico

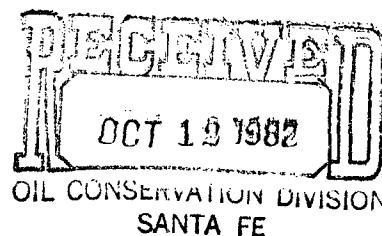
---

Per your letter dated September 27, 1982, attached are the Sundry Notices for the subject well on the additional perforations and fracturing jobs.

If you have any questions, please contact David G. Smylie, ext. 120 of this office.

Yours very truly,

DGS/cyg  
Attachments



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

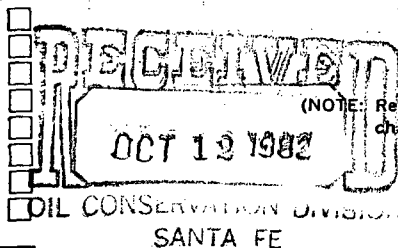
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL & 660' FWL  
AT TOP PROD. INTERVAL:   
AT TOTAL DEPTH:   
—

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☒  
SHOOT OR ACIDIZE ☒  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:



5. LEASE

LC-031621(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Britt B

9. WELL NO.

26

10. FIELD OR WILDCAT NAME

Monument Tubb

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 15, 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.)

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.)\*

Set pkr at 6400', RBP at 6540'. Acidize w/ 22 bbls. 15% HCL-NE-FE. Flush w/ 24 bbls TFW. Acid fracture w/ 131 bbls gelled fluid, 100 bbls 28% HCL-NE-FE, 74 bbls gelled TFW. Flush w/ 25 bbls TFW. Reset RBP at 6425'. Perf Upper Tubb as follows: 6323', 38', 46', 60', 72', 82', 88', 96', 98', 6404', 08', 14', 6418'. Set pkr at 6310'. Acidize w/ 26 bbls 15% HCL-NE-FE. Acid frac w/ 131 bbls gelled fluid, 100 bbls 28% HCL-NE-FE, 74 bbls gelled TFW. Flush w/ 24 bbls TFW. Swab. Return to production. Test.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W. A. Dutton TITLE Administrative Supervisor DATE January 11, 1982

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

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 ☐  
well well other

2. NAME OF OPERATOR  
CONOCO INC.

3. ADDRESS OF OPERATOR  
P. O. Box 460, Hobbs, N.M. 88240

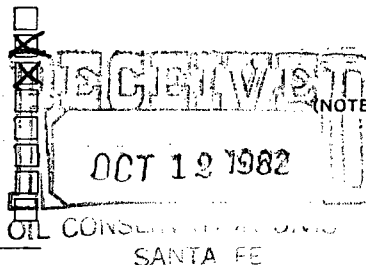
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL & 660' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:



5. LEASE

LC-031621 (6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Britt B

9. WELL NO.

26

10. FIELD OR WILDCAT NAME

Monument Tubh

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 15, T-20S, R-38E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

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

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 4/8/82. Set pkr 6405', RBP 6530'. Acidize w/ 1000 gals 15% acid. Acid frac w/ 4200 gals 28% acid. Perfed w/ 1 JSPP at 6323', 38', 46', 60', 72', 82', 88', 96', 98', 6404', 08', 13', 18'. Acidize w/ 2666 ls 15% acid. Frac w/ gelled fluid, 10066 ls 28% acid. Returned to production. Tested 4/22/82: 18 BOPD, 84 MCFPD.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W. A. B. [Signature] TITLE Administrative Supervisor DATE 6/25/82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.5.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> Other _____		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-0316216</u>	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____		6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____	
2. NAME OF OPERATOR <u>Conoco Inc.</u>		7. UNIT AGREEMENT NAME <u>NMFU</u>	
3. ADDRESS OF OPERATOR <u>P.O. Box 460, Hobbs, N.M. 88240</u>		8. FARM OR LEASE NAME <u>Britt B</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface <u>660' FSL &amp; 660' FWL</u> At top prod. interval reported below <u>Same</u> At total depth <u>Same</u>		9. WELL NO. <u>26</u>	
14. PERMIT NO. _____ DATE ISSUED _____		10. FIELD AND POOL, OR WILDCAT <u>Monument Paddock</u>	
15. DATE SPUDDED <u>10-5-79</u>		11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA <u>Sec. 15, T-20S, R-37E</u>	
16. DATE T.D. REACHED <u>10-23-79</u>		12. COUNTY OR PARISH <u>Lea</u>	
17. DATE COMPL. (Ready to prod.) <u>2-6-80</u>		13. STATE <u>N.M.</u>	
18. ELEVATIONS (DF, RKB, RT, GR, ETC.)* <u>3543' GR</u>		19. ELEV. CASINGHEAD _____	
20. TOTAL DEPTH, MD & TVD <u>6650'</u>		21. PLUG, BACK T.D., MD & TVD <u>5500'</u>	
22. IF MULTIPLE COMPL., HOW MANY* _____		23. INTERVALS DRILLED BY <u>ALL</u>	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* <u>5158' - 5191' Monument Paddock</u>		25. WAS DIRECTIONAL SURVEY MADE <u>Yes.</u>	
26. TYPE ELECTRIC AND OTHER LOGS RUN <u>GR-CNL-FDC, DLL</u>		27. WAS WELL CORED <u>No.</u>	
28. CASING RECORD (Report all strings set in well)			
CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE
<u>9 5/8"</u>	<u>36#</u>	<u>1241'</u>	<u>12 1/4"</u>
<u>5 1/2"</u>	<u>17#</u>	<u>6650'</u>	<u>7 7/8"</u>
CEMENTING RECORD			
<u>455 SX.</u>			
<u>1060 SX.</u>			
AMOUNT PULLED			
<u>140 SX.</u>			
29. LINER RECORD			
SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*
_____	_____	_____	_____
30. TUBING RECORD			
SIZE	DEPTH SET (MD)	PACKER SET (MD)	
<u>2 3/8"</u>	<u>5223'</u>	_____	
31. PERFORATION RECORD (Interval, size and number)			
<u>4338', 4220', 2025' w/ 4 JSPP</u>			
<u>6438', 40', 44', 46', 68', 73', 76', 94', 96', 6505', 13'</u>			
<u>5145', 49', 51', 58', 66', 71', 82', 87', 91', 96' w/ 1 JSPP</u>			
<u>5158', 66', 71', 82', 87', 91' w/ 2 JSPP - over-</u>			
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.			
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED	
<u>6438' - 6513'</u>		<u>3000 gal. 15% HCl-NE-FE</u>	
<u>5145' - 5196'</u>		<u>1200 gal. 15% HCl-NE</u>	
<u>5158' - 5191'</u>		<u>1000 gal. 15% HCl-NE</u>	
33. PRODUCTION			
DATE FIRST PRODUCTION <u>2-15-80</u>		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) <u>Pumping</u>	
DATE OF TEST <u>2-26-80</u>		WELL STATUS (Producing or shut-in) <u>Producing</u>	
HOURS TESTED <u>24</u>	CHOKE SIZE _____	PROD'N. FOR TEST PERIOD _____	OIL—BBL. <u>15</u>
GAS—MCF. <u>82</u>		WATER—BBL. <u>11</u>	
GAS-OIL RATIO <u>5467</u>		OIL GRAVITY-API (CORR.) <u>35°</u>	
FLOW. TUBING PRESS. <u>40</u>	CASING PRESSURE <u>40</u>	CALCULATED 24-HOUR RATE _____	OIL—BBL. <u>15</u>
GAS—MCF. <u>82</u>		WATER—BBL. <u>11</u>	
OIL GRAVITY-API (CORR.) <u>35°</u>		TEST WITNESSED BY <u>W.D. Cates</u>	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.) <u>Sold</u>			
35. LIST OF ATTACHMENTS _____			
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records			
SIGNED <u>Wm A. Butts</u>		TITLE <u>Administrative Supervisor</u>	
DATE <u>3/7/80</u>		DATE <u>3/7/80</u>	

\*(See Instructions and Spaces for Additional Data on Reverse Side)

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 & 660' 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:

- TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

(other) Set production csg.

SUBSEQUENT REPORT OF:

☐ RECEIVED  
☐ OCT 12 1982  
☐ OIL CONSERVATION DIVISION  
☒ SANTA FE

5. LEASE  
LC-031621 b

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
N.M.F.U.

8. FARM OR LEASE NAME  
Britt B

9. WELL NO.  
26

10. FIELD OR WILDCAT NAME  
Monument Paddock

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 15 T-20S R-37E

12. COUNTY OR PARISH Lea 13. STATE N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
3543 GR

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.)\*

Reached TD (6650') 10-23-79. Ran 167 jts. 5 1/2", 17#, K-55  
LT&C csg. set @ 6650'. 1<sup>st</sup> stage - cmt. w/ 490 sk. class "C"  
cmt. No circ. due to pkr. failure. 2<sup>nd</sup> stage - pmpd 570 sk.  
Lite-water. No circ. to surface. Flush 2<sup>nd</sup> stage w/ 2% KCl  
Rig down & release rig 10-25-79.

490  
570  
1060

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm. A. Butterfield TITLE Admin. Supervisor DATE 10/25/79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

4565-5  
NMFU-4  
FILE

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.)

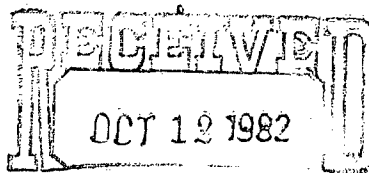
1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR  
Conoco Inc.
3. ADDRESS OF OPERATOR  
P.O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL & 660' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

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

- REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
| TEST WATER SHUT-OFF                            | <input type="checkbox"/> | <input type="checkbox"/>            |
| FRACTURE TREAT                                 | <input type="checkbox"/> | <input type="checkbox"/>            |
| SHOOT OR ACIDIZE                               | <input 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>Spudwell &amp; set surface csq.</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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 & Spud well @ 1:00 a.m. 10-5-79. Reached TD (1241') 10-6-79.  
Ran 27 jts. 9 5/8", 36" csq. set at 1241' Cmt. w/ 455 sx. class "C"  
Circ. 140 sx. to surface.



OIL CONSERVATION  
SANTA FE

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm A. Butterfield TITLE Admin. Supervisor DATE 10/8/79

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

USGS-5  
NMFL-4  
FILE