

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

888/10 CASE

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.

31

10. FIELD OR WILDCAT NAME

SKAGGS GRAYBURG

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

SEC. 19, T20S, R38E

12. COUNTY OR PARISH

LEA

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW OF, KDB, AND LAND)

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 WATER INJECTION

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' FNL + 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) INSTALL NEW CSG ☒

(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.)*

MIRU 2/18/84. CO TO 3650'. SPOTTED 20 BBLs
30 # CROSSLINKED GEL 3650'-3851'. PMPD 50 SXS CLASS
"C" w/2% CaCl₂ 3650'-3775'. DO TO 3600'. PRESSURE
TESTED TO 1000 PSI. RAN 4 1/2" 11.6 # K-55 CSG TO
3600'. CMT w/300 SXS CLASS "C" + 50 SXS CLASS "H"
w/2% CaCl₂. DO CMT. SET INJECTION PKR @
3578'. ACIDIZED w/ 3000 GALS 15% HCL-NE-FE +
3000 GALS UNICHEM TC-456. FLUSHED w/50 BBLs
9 PPG BRINE. INJECTING 436 BWPD @ 1200 PSI
3/1/84.

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

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 3/28/84

(This space for Federal or State office use)

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

Carlsbad, NEW MEXICO

*See Instructions on Reverse Side