

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 450, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FSL + 430' 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) CHEMICALLY INHIBIT ☒

SUBSEQUENT REPORT OF:

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5. LEASE

LC-031695 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

WARREN UNIT 3L Bty 6

9. WELL NO.

85

10. FIELD OR WILDCAT NAME

BLINEBRY OIL & GAS

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

SEC. 29, T-20S, R-38E

12. COUNTY OR PARISH 13. STATE

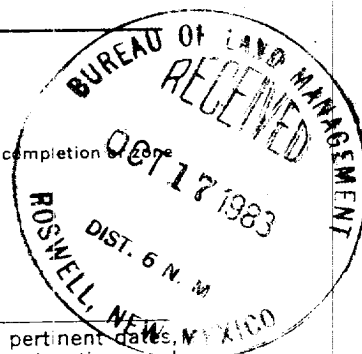
LEA

NM

14. API NO.

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

(NOTE: Report results of multiple completion tests  
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 8/13/83. SET PKR @ 5654'. SPOTTED 40 BBLs  
15% HCL-NE-FE ACROSS PERFS. FLUSHED W/42 BBLs  
TFW. FRAC'D 5803'-6030' W/653 BBLs GEL &  
39,984 LBS 20/40 SAND. SWBD. REL PKR. CO TO 6135'.  
SWBD. SET PKR @ 5654'. INHIBITED W/1 DRUM CHEMICAL  
IN 25 BBLs TFW. FLUSHED W/125 BBLs TFW. REL PKR.  
RAN PROD EQUIP. PMPD 7 BO, 43 BW, 41 MCF 9/13/83.  
Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm G. Kutter TITLE Administrative Supervisor DATE 10/14/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

OCT 17 1983

RECEIVED  
OCT 18 1983  
O.C.D.  
HOBBS OFFICE