

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: 1980' FNL + 660' FWL  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:

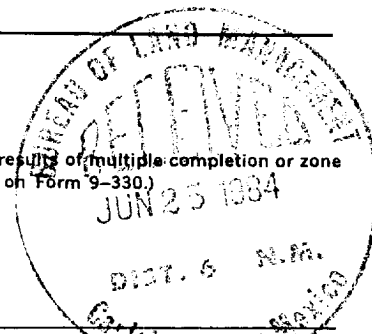
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,  
REPORT, OR OTHER DATA

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 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) RE-PERF      | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

5. LEASE  
LC-030467(A)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
NMFU
8. FARM OR LEASE NAME  
VAUGHAN A-12
9. WELL NO.  
1
10. FIELD OR WILDCAT NAME  
JALMAT YATES
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 12, T24S, R36E
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.)



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. SET RBP @ 2500' + PKR @ 2300'. TEST  
SQUEEZED PERFS. REL PKR + RBP. PERF W/1  
JSPF @ 2970', 80', 90', 3003', 10', 15', 37', 48', 51', 62', +  
71'. ACIDIZE W/16 BBLs 15% HCL-NE-FE.  
FLUSH W/2 BBLs 9 PPG BRINE. TAIL IN W/4000  
SCF OF N<sub>2</sub>. RUN PROD EQUIP. TEST.

Sub-surface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Al E. Benjamin TITLE Administrative Supervisor DATE 6/22/84

APPROVED BY: R. Bittcher (This space for Federal or State office use)  
TITLE: P.E. DATE: 7/6/84  
CONDITIONS OF APPROVAL, IF ANY: