

C/SF

RECEIVED BY
JUN 12 1984
O. C. D.
SUNDRY OFFICES

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

(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 ☐ other WATER DISPOSAL
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 + 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 checked="" 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) <input type="checkbox"/> | <input type="checkbox"/> |

5. LEASE
NM-342
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
MONSANTO FOSTER
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
DEVONIAN
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 5, T20S, R25E
12. COUNTY OR PARISH
EDDY
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

BUREAU OF LAND MANAGEMENT
RECEIVED
(NOTE: Report results of multiple completion or zone changes on Form 9-330.)
JUN 10 1984
DIST. 6 N.M.
CARLSBAD, 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.)*

MIRU 5/13/84. ACIDIZED PERFS 10220'-10504'
W/200 BBLs 15% HCL IN 4 STAGES DIVERTING
W/7 BBLs GELLED 10 PPG BRINE, ROCKSALT, +
GUAR GUM. FLUSHED W/76 BBLs PW. RAN
STEP RATE TEST. DISPOSING OF 2447 BWPD
ON VACUUM 5/16/84.

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

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

SIGNED Wm A. Dutton TITLE Administrative Supervisor DATE 6/6/84

ACCEPTED FOR RECORD
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL ANY _____

Carlsbad, NEW MEXICO *See Instructions on Reverse Side