

Form 9-331
Dec. 1973

NM OIL CONS. COMMISSION
Drawer DD
Artesia, NM 88210

Form Approved.
Budget Bureau No. 42-R1424

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 Salt 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, 830' FEL

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) ☐

5. LEASE

SLUP-NM 11382

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

RECEIVED

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Springs SWD

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Springs Upper Penn

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

Sec. 4, T-21S, R-25E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

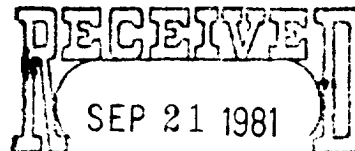
14. API NO.

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.)*

Run CLL and perforate w/ 2JSPF as follows: 8315'-32', 8340'-45', 8350'-70', 8374'-82'. Set pkr at 8270'. Acidize w/ total of 119 bbls 15% NE-FE-HCL. Place back on disposal. Test.



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

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

SIGNED W. A. Gillham TITLE Administrative Supervisor

DATE September 15, 1981

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 22 1981

FOR

JAMES A. GILLHAM,
DISTRICT SUPERVISOR

See Instructions on Reverse Side