

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 ☐ gas ☐ 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: 904' FNL & 1105' FNL

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) Repair csq.

SUBSEQUENT REPORT OF:

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5. LEASE

Contract 36

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Jicarilla Apache

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

N.E. Haynes

9. WELL NO.

6

10. FIELD OR WILDCAT NAME

Basin Dakota / Otero Gallup

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

Sec. 15, T-24N, R-5W

12. COUNTY OR PARISH

Rio Arriba

13. STATE

N.M.

14. API NO.

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

6556' KB

(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.)*

It is proposed to clean subject well & repair the csq. as follows:

Swage out csq. to 5550' if necessary. Pressure test csq. for leaks.

Set pkr. 50' above leak & bridge plug 50' below leak w/ 5' of sand on top. Establish pump-in rate and squeeze w/ 50-100 sx. of class "B" cmt. w/ additives. Drill out cmt & pressure test squeeze.

Re-squeeze if necessary. Clean out to 6780' w/ nitrogen & TFW.

Land tbg. @ 6740' & return well to production

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

Wm. A. Butterfield

TITLE Admin Supervisor

DATE

2/18/80

APPROVED

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

USGS - Duran FEB 26 1980

DEA
FILE

TITLE

DATE

CARL A. BARRICK

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

State