

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: **GGO' FSL + 1980' FEL**
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
LC-031740 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
MEYER B-4

9. WELL NO.
23

10. FIELD OR WILDCAT NAME
OIL CENTER BLINEBRY

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 4, T-21S, R-36E

12. COUNTY OR PARISH
LEA

13. STATE
NM

14. API NO.

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

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) INHIBIT	<input type="checkbox"/>		<input checked="" type="checkbox"/>

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED
DEC 29 10 16 AM '83
BUR. OF OIL & GAS
ROSWELL DISTRICT

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 11/11/83. DO CIRP @ 6100'. SET RBP @ 6200' + PKR @ 6050'. ACIDIZED 6143'-6159' w/29 BBLs 15% HCL-NE-FE. FLUSHED w/40 BBLs TFW. SWBD. INHIBITED w/1 DRUM CHEMICAL + 115 BBLs TFW. RESET RBP @ 6050' + PKR @ 5680'. ACIDIZED 5837'-5980' w/92 BBLs 15% ACID, 100 LBS ROCKSALT, + 100 LBS BENZOIC ACID. SWBD. INHIBITED w/2 DRUMS + 60 BBLs TFW. REL PKR + RBP. Pmpd 12 30, 30 BW, + 19 MCF 12/6/83.
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED *Peter W. Chester* TITLE Administrative Supervisor DATE 12/28/83

APPROVED BY	PETER W. CHESTER	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	MAR 1 1984		

RECEIVED
MAR 2 1984
O.C.D.
HOBBS OFFICE