

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 and 1980' FWL**
AT TOP PROD. INTERVAL: **Same**
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* (other)	<input type="checkbox"/>		<input type="checkbox"/>

5. LEASE NM 0321613	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
7. UNIT AGREEMENT NAME NM FU	
8. FARM OR LEASE NAME Jack B-17	
9. WELL NO. 6	
10. FIELD OR WILDCAT NAME Langlie Mattix Penrose	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17 T24S R37E	
12. COUNTY OR PARISH Lea	13. STATE NM
14. API NO.	
15. ELEVATIONS (SHOW DF, KDB, AND WD)	

RECEIVED
(NOTE: Report results of multiple completion or zone change on Form 9-330.)
AUG 19 1980

U. S. GEOLOGICAL SURVEY
HOBBS, 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.)*

Propose to acidize subject well as follows:
Acidize perms @ 3419'-3654' with 2500 gal. 15% HCL with ball sealers
Pump in 2 drums chemical inhibitor with 20 bbls. TFW
Return to production
Verbal approval received 8-18-80 per Jim Gillham
No surface disturbance required

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

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

SIGNED Wm. A. Butler TITLE Administrative Supervisor DATE August 18, 1980

APPROVED (This space for Federal or State office use)	
APPROVED BY	TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:	
USGS 5	AUG 20 1980
NMFU 4	DISTRICT SUPERVISOR
File	