

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
BOX 1030
HOBBS, NEW MEXICO 88240

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 water injection

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' FSL & 660' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

(other) cmt. squeeze shoe, acidize

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
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☐
☐
☐
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(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.)*

MIRU. Fill OH section to 3585' w/ 225 sxs. crushed oyster shells. Spot 100 lbs. cal-seal on top of shells. Set 4 1/2" cmt. retainer & cmt. w/ 50 sxs class "C" cmt w/ 28 lbs. modified Halad-4 fluid loss control agent & 28 CaCl₂. Displace w/ 17 bbls. 2% KCL TFW. WOC. DO cmt to 3580'. DO cal-seal & oyster shells to TD of 4040'. Set pkr @ 3485'. Pump 20 bbls. 15% HCL-FE. Acidize G/SA open hole (3575' 4040') w/ 105 bbls. 15% HCL-NE-FE. Flush w/ 21 bbls. 2% KCL swab. Set pkr @ 3580'. Return to inj. at 1900 psi surface wellhead pressure.

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

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

SIGNED David A. Smyth TITLE Administrative Supervisor DATE 1/10/85

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE Manager DATE 1-17-85
CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

RECEIVED

JAN 22 1985

O.C.D.
HONORS OFFICE