

Form 9-331
Dec. 1973

N. M. OIL CONS. COMMISSION
P. O. BOX 1980

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES HOBBS, NEW MEXICO 88240
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 ☐
well well

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: 1780' FNL & 460' FWL

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) ☐

SUBSEQUENT REPORT OF:

☐
☐
☒
☐
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☐
☐
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☐

5. LEASE

LC-029509 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Baish A

9. WELL NO.

13

10. FIELD OR WILDCAT NAME

Abo/wolfcamp

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

Sec. 22, T-17S, R-32E

12. COUNTY OR PARISH

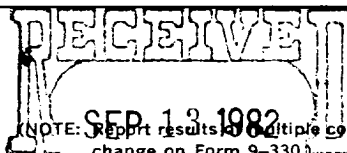
Lea

13. STATE

N.M.

14. API NO.

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



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

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, 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.)*

MIRU 5-20-82

Treated Wolfcamp intervals 9797'-9823' w/1000 gals 15% acid.
Flushed w/6 bbls 2% KCL TFW. Treated Abo intervals at 8918'-
8951' w/1000 gals 15% acid. Flushed w/55 bbls 2% KCL TFW.
Tested 6-18-82: 30 BO, 88BW, 358 MCF.

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

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

SIGNED Wm A. Butterfield TITLE Administrative Superintendent DATE 9-8-82

ACCEPTED FOR RECORD

(This space for Federal or State office use)

PETER W. CHESTER

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 29 1983

TITLE _____ DATE _____