N. M. OIL CONS. COMMISSION

P. O. BOX 1930

HOBBS, NEW MEXICO 88240

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

ABANDON* (other)

Form 9-331 Dec. 1973	HOBBS, NEW MEXICO 88240 UNITED STATES DEPARTMENT OF THE INTERIOR			Form Approved. Budget Bureau No. 42-R1424 5. LEASE LC-054687						
DEP										
GEOLOGICAL SURVEY				6. IF INDIAN, ALLOTTEE OR TRIBE NAME						
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.)				7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME						
							1. oil gas	s 🗆 other		
			9. WELL NO.							
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: 770'FSL \$ 560'FWL AT TOP PROD. INTERVAL:				10 5151 0 00 11						
				10. FIELD OR WILDCAT NAME Baish Wolfcamp 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T-175, R-32E						
							12. COUNTY O	R PARISH	13. STATE	
							AT TOTAL DEPT		•	
				16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA				14. API NO.		
15. ELEVATIONS (SHOW DF, KDB, AND WD)										
REQUEST FOR APPI	ROVAL TO:	SUBSEQUENT	REPORT OF	20525A	<u> </u>					
TEST WATER SHUT- FRACTURE TREAT SHOOT OR ACIDIZE				W.E.						
REPAIR WELL PULL OR ALTER CA MULTIPLE COMPLET			AUG 11	Ghange	esults of mu on Form 9–3	iltiple completion or zone 330.)				
CHANGE ZONES			8 40 8 40 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	CALICHDMEV						

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.)*

uisi GEOta

co to 9889' Set pkr at 9700' Acidize w/ 2000 gals. 15% LSTNE-FE in 2 stages. Divertu/200# 50/50 Benzoic acid and rock salt in 200 gals. 10ppg brine. Flush w/ 3000 gals. TFW. Run production equipment. Test.

Verbal approval per Peter Chester on 8/6/81.

DISTRICT SUPERVISOR *See Instructions on Reverse Side

Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	1
	dministrative Supervisor DATE August 6,1981
AIPROVED	Federal or State office use)
APPROV (Dis 5gd) PETER W. CHESTER CONDITIONS OF APPROVAL IF ANY 1981	DATE
WOR 1 -1 1301	
FOR JAMES A. GILLHAM	