

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ gas ☐
well 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: 1345' FSL + 1345' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) SQUEEZE GRAYBURG, PERF SAN ANDRES

(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. REL MODEL "R" PKR @ 3806'. SET CIBP @ 3910' + PKR @ 3750'. LEAD-IN w/ 25 BBLs TFW. PUMP 5 BBLs 10 PPG BRINE, 2 BBLs TFW, 10 BBLs FLOW-CHECK, 25 SXS CLASS "C" + 25 SXS THIXOTROPIC CMT. FLUSH w/ 22 BBLs TFW. REL PKR. DO CMT 3770'-3862'. PRESSURE TEST PERFS. IF PERFS DO NOT HOLD, REPEAT SQUEEZE. IF PERFS HOLD, DO CMT TO 3905' + CIBP @ 3910'. SPOT 1 BBL 15% ACID 3950'-4100'. PERF w/ 1 JSPF 3945'-3982' + w/ 2 JSPF 4016'-4105'. ACIDIZE PERFS w/ A TOTAL OF 70 BBLs 15% HCL-NE-FE, 50 LBS ROCKSALT, + 2 LBS GUAR GUM. FLUSH w/ 74 BBLs TFW. RUN PROD EQUIP. TEST.

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

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

SIGNED Wm A. Hetherford TITLE Administrative Supervisor DATE 3/19/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

