

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

Form 9-331
Dec. 1973

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 ☐ other water inj. 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: 1950' FWL & 660' 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) Clean out

SUBSEQUENT REPORT OF:

- ☐
☐
☒
☐
☐
☐
☐
☐

5. LEASE
LC-030143(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
Reed Sanderson
9. WELL NO.
6
10. FIELD OR WILDCAT NAME
Furner Yates 7 Rivers Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 3 T-20S R-36E
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.)

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 9-20-82
Clean out to 3960'. Drld w/ 4 3/4" bit from 3965' to 4000'. Circ. hole clean, spotted 250 gals 15% HCL-NEFE acid across intervals 3919'-3998'. Circ. pkr. fluid. Pumped 500 gals 15% HCL-NEFE down & flushed w/ 30 bbls TFW. Clean up location.

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

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

SIGNED M. E. Bingham TITLE Administrative Supervisor DATE 10-1-82

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 29 1983

RECEIVED
OCT 5 1982