

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.)

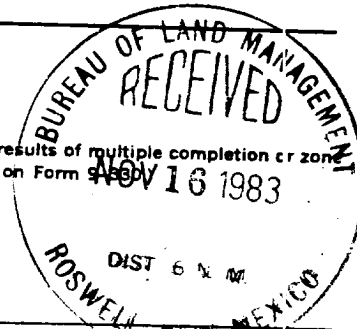
1. oil ☒ gas ☐ other ☐
well well
2. NAME OF OPERATOR
CONOCO INC.
3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1002' FNL + 1652' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | REQUEST FOR APPROVAL TO: | | SUBSEQUENT REPORT OF: | |
|-----------------------------------|-------------------------------------|-----------------------|-------------------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input checked="" type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | | <input type="checkbox"/> |
| (other) <u>CHEMICALLY INHIBIT</u> | <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> |

5. LEASE
LC-030143 (A)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
REED SANDERSON UNIT
9. WELL NO.
4
10. FIELD OR WILDCAT NAME
EUMONT YATES 7 Rvrs. QN.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 3, T-20S, R-36E
12. COUNTY OR PARISH
LEA
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)



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 7/11/83. REAMED HOLE TO 3875'. SET RBP @ 2000'. TESTED CSG FOR LEAKS. RESET RBP @ 980'. SET PKR @ 283'. SQUEEZED 415'-724' w/ 300 SXS CLASS "C". REL PKR. DO CMT 435'-672'. REL RBP. CO TO 3897'. SET PKR @ 3790'. ACIDIZED OH 3809'-3897' w/ 60 BBLs 15% HCL-NE-FE, 4 BBLs 10 PPG BRINE w/ GUAR GUM + ROCKSALT. FLUSHED w/ 22 BBLs TFW. SWBD. INHIBITED OH w/ 2 DRUMS CHEMICAL. FLUSHED w/ 100 BBLs TFW. REL PKR. SET RBP @ 3790'. SPOTTED 7 BBLs 15% ACID 3600'-3790'. PERF w/ 1 JSPP @ 3630', 35', 40', 45', 67', 72', 77', 82', 87', 92', 97', 3702', 07', 12', 37', 40', 43', 46', 66', + 3780'. SET PKR @ 3558'. ACIDIZED PERFS w/ 40 BBLs 15% ACID. (ATTACHMENT)

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

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

SIGNED Peter W. Chester TITLE Administrative Supervisor DATE 11/15/83

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: 11/15/84

RECEIVED

MAR 7 1984

O.C.D.
HOBBBS OFFICE