

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO 88240

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 well ☒ gas 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: 660' FNL & 330' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

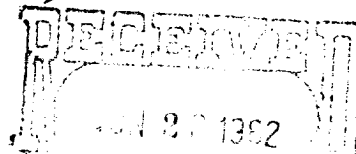
SUBSEQUENT REPORT OF:

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(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 3/4/82. Perf w/ 2JSPF 3478', 49', 50', 51', 52', 53', 54', 55', 56'.
String shot OH 3805'-3895'. Acidize OH w/ 1220 gals. 15% HCL-NE-
FE. Acidize 3748'-57' w/ 2775 gals. 15% HCL-NE-FE. CO'd to
3900'. Tested 4/15/82: 1 BOPD, 170 BWPD, 8 MCFPD



Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED *W. A. D. [Signature]*

TITLE Administrative Supervisor

DATE

6/25/82

(This space for Federal or State office use)
APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY: _____

ACCEPTED FOR RECORD

PETER W. CHESTER

JUL 14 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

See Instructions on Reverse Side