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 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: 2310' FSL & 1980' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
LC-031622(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
SANDERSON A

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
EUNICE MONUMENT G/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 11, T-20S, R-36E

12. COUNTY OR PARISH
LEA

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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) RE-PERF, INHIBIT ✓		

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED
JAN 13 10 47 AM '84
BUR. OF LAND MGMT.
ROSWELL, NEW MEXICO

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. Spot 3 BBLS 15% HCL-NE-FE 3700'-3898'. Perf w/2 JSPF @ 3728'-36', 3740'-42', 3750'-55', 3776'-90', 3796'-3800', 3818'-24', & 3840'-3844' (TOTAL 93 PERFS). Set PKR @ 3670'. Acidize w/70 BBLS 15% ACID. Divert w/250 LBS ROCKSALT & 84 LBS BENZOIC ACID. Flush w/17 BBLS TFW. Swab. Inhibit w/2 DRUMS CHEMICAL. Flush w/170 BBLS TFW. Test.

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

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

SIGNED [signature] TITLE Administrative Supervisor DATE 1/12/84

APPROVED (This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 21 1984

*See Instructions on Reverse Side