N. m. OIL CONS. COMMISSION P. O. BOX 1980

Form 9-331

HOBBS, NEW MEXICO 88240

Form Approved. Budget Bureau No. 42-R1424

Dec. 1973 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT NAME SUNDRY NOTICES AND REPORTS ON WELLS NMFU (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.) 8. FARM OR LEASE NAME Sanderson gas \mathbf{V} well other 9. WELL NO. well 2. NAME OF OPERATOR CONOCO INC. 10. FIELD OR WILDCAT NAME <u>Eunice Monument G/SA</u> 3. ADDRESS OF OPERATOR N.M. 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 11, T-205, R-36E AT SURFACE: 2310' FSL & 1980' FEL AT TOP PROD. INTERVAL: 12. COUNTY OR PARISH 13. STATE AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MAR 1 0 1983 MULTIPLE COMPLETE CHANGE ZONES ABANDON* DIL & GAS (other) MINERALS MGMT. SERVICE 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent state), which we bertinent 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. 1-19-83. Set pkr. @ 3565! Acidize w/420gal 15% HCL-NE-FE acid. Flush w/25 bbls. trtd. brine. Swabbed fluid to 3500! Dump 7 Sx sand. Tag Sand @ 3796' Rel. pkr. Perf w/ 2JSPF@ 3786' -3790', 3776'-3782', 3764'-3768', 3750'-3755', 3740'-3742' \$ 3730'-3734'. Set pkr@3565'. Acidize Upper Grayburg W/2268 gal 15% HCL-NE-FE acid & 8.82 gals. trtd. brine. Swabbed. Run Production Equipment. Test 3-4-83: 51 Bo, 82 BW, \$ 61 MCF in 24 Hrs. Set @ ___ Subsurface Safety Valve: Manu. and Type ___ 18. I hereby certify that the foregoing is true and correct TITLE Administrative Supervisor, ACCEPTED FOR RECORDING Space for Federal or State office use) APPROVED BY (ORIG. SGD.) DAVID K. GLASS CONDITIONS OF APPROVAL F AND 1983