## UNITED STATES DEPARTMENT OF THE INTERIOR

8. FARM OR LEASE NAME  Sanderson  9. WELL NO.  10. FIELD OR WILDCAT NAME  Extrace Production Gas	_	Budget Bureau No. 42-R1424
7. UNIT AGREEMENT NAME  1. MFU  8. FARM OR LEASE NAME  Sanderson  9. WELL NO.  10. FIELD OR WILDCAT NAME  Extrace Pronument G-SA  Funcion Gast  11. SEC., T., R., M., OR BLK. AND SURVEY OF  AREA  SEC. // T-2CS R-35F  12. COUNTY OR PARISH 13. STATE  LEG. N.M.		5. LEASE (C-03/622(q)
8. FARM OR LEASE NAME  Sangerson  9. WELL NO.  10. FIELD OR WILDCAT NAME  Extract Construct G SA  11. SEC., T., R., M., OR BLK. AND SURVEY OF  AREA  SEC. // T-2CS R-3FF  12. COUNTY OR PARISH 13. STATE  LEG N.M.	_	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
9. WELL NO.  10. FIELD OR WILDCAT NAME  Extrace Pronument G-S4  Extrace Pronument G-S4  11. SEC., T., R., M., OR BLK. AND SURVEY OF  AREA  SEC. // T-2CS, R-33F  12. COUNTY OR PARISH 13. STATE  LEG N.M.	t	
10. FIELD OR WILDCAT NAME  EXERCISE TO THE SEC., T., R., M., OR BLK. AND SURVEY OF  AREA  SEC. // T-2CS R-3FF  12. COUNTY OR PARISH 13. STATE  LEG N.M.		
11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA  SEC. // T-2CS R-33F  12. COUNTY OR PARISH 13. STATE  LEG N.M.	_	4
11. SEC., T., R., M., OR BLK. AND SURVEY OF AREA  SEC. // T-2CS R-33F  12. COUNTY OR PARISH 13. STATE  LEG N.M.	_	10. FIELD OR WILDCAT NAME ENTITE PROPERTY G-54 ENTERON GIFTE GALT
Sec. // T-2C5, R-33F 12. COUNTY OR PARISH 13. STATE Leg N.M.		11. SEC., T., R., M., OR BLK. AND SURVEY OF
Lea N.M.	′	SEC. 11, 7-205, R-38E
14. API NO.		

**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 differer reservoir. Use Form 9–331–C for such proposals.) 1. oil gas V 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 AT SURFACE: 990'FSL 9-1650'FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 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 (NOTE: Report results of multiple completion or zone REPAIR WELL PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other) 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.)\* 1-25-83, Acidize Grayburg W420 gal 15% HCL-NE-FE acid. Flush Wishbls total brine Pmp 2 bbls Unichem TH 814 MI gal TC-120 91 gal NALCO ODS 980 mixed W20 BTFW. Displace M85 BTFW. Ran production equipment. Tested 2-22-83: 2180, 1/ RIV, & 49 MCF in 24 hrs. To Set @ Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct (This space for APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

MUL 15 1983
HOBBS OFFICE

