

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: 990'FSL & 2310'FWL
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:

☐
☐
☐
☐
☐
☐
☐
☐
☐

U.S. GEOLOGICAL SURVEY
HOBBS, N.M.

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.

5

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

13. STATE

NM

14. API NO.

ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)*

CD to 3880'. Perf as follows: 3817'-33', 3801'-04', 3788'-93', 3773'-76', 3762'-65', 3736'-45', 3731'-33', 3718'-21', 3704'-06'. Set pkr at 3680'. Acidize as follows: Pump 150 bbls. 15% HCL-NE-FE in 3 stages. Divert w/ 3 bbls. 10 ppg brine w/ 30#/1000 gals. guar gum, and 5 ppg 50/50 rock salt and benzoic acid. Flush w/ 15 bbls TFW. Swab. Run production equipment. Test.

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

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE July 6, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
JUL 10 1981
JAMES A. GILLHAM
DISTRICT SUPERVISOR