

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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: *660' FSL & 660' 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:

- ☐
- ☒
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

RECEIVED

APR 18 1980

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.

12

10. FIELD OR WILDCAT NAME

EUMONT QUEEN GAS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 14, T-20S, R-36E

12. COUNTY OR PARISH

LEA

13. STATE

NM.

14. API NO.

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

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 3-13-80. Perf. from 3422'-3722' w/ 122 shots. Treated perfs w/ 3000 gal. 15% HCl. Swabbed well. Ran BHP survey. Tagged fill @ 3720'. Cleaned out to PBTD. Spotted 500 gal. 15% HCl-NE-FE. Ran 119 jts 2 3/8" tbg., set @ 3708'. Well flowed @ rate of 25 MCFPD.

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

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

SIGNED *W. D. H. H. H.* TITLE *Admin. Supervisor* DATE *4/17/80*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE *Kel*

CONDITIONS OF APPROVAL, IF ANY:

USGS-5
NMFU-4
FILE