

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: 1650' FNL + 1650' 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) OPEN ADD'L PAY ☒

SUBSEQUENT REPORT OF:

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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.

13

10. FIELD OR WILDCAT NAME

EUN. MON. (G/SA) / EUMONT QN.

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

SEC. 14, T20S, R-36E

12. COUNTY OR PARISH

LEA

13. STATE

NM

14. API NO.

15. 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.)*

MIRU 1/23/84. CO TO 3915'. SPOTTED 3 BBLS 15% HCL. NE-FE 3730'-3910'. PERF W/2 JSPF @ 3730'-40', 3782'-90', 3808'-18', 3834'-44', 3870'-80', + 3886'-3910' (144 PERFS). SET PKR @ 3613'. ACIDIZED W/144 BBLS 15% ACID, 400 LBS ROCKSALT, + GUAR GUM. SWBD. INHIBITED W/2 DRUMS CHEMICAL IN 25 BBLS TFW. FLUSHED W/276 BBLS TC-420. REL PKR. SET PRODUCTION PKR @ 3620'. RAN PROD EQUIP. SWBD. GRBG. / SA PMPD 15 BO, 60 BW, + 38 MCF IN 24 HRS 2/16/84.

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

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

SIGNED W. A. Butterfield TITLE Administrative Supervisor DATE 3/22/84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY SWP TITLE _____ DATE _____

CONDITIONS OF APPROVAL IF ANY

MAY 16 1984

Carlsbad, NEW MEXICO *See Instructions on Reverse Side

RECEIVED

MAY 18 1984

G.C.D.
HOEBS OFFICE