

OPY TO O.C.C

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 well ☒ gas well ☐ other ☐

JUL 7 1981

2. NAME OF OPERATOR
CONOCO INC.

U.S. GEOLOGICAL SURVEY
HOUSTON

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 & 330' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

☐

FRACTURE TREAT ☐

☐

SHOOT OR ACIDIZE ☒

☐

REPAIR WELL ☐

☐

PULL OR ALTER CASING ☐

☐

MULTIPLE COMPLETE ☐

☐

CHANGE ZONES ☐

☐

ABANDON* ☐

☐

(other) ☐

☐

5. LEASE

LC-030143(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFLU

8. FARM OR LEASE NAME

Reed B

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Eunice Monument (G-SA)

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

Sec. 23, T-20S, 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.)*

CO to 3871'. Perf from 3860'-66', 3852'-55', 3844'-49', 3835'-40', 3818'-24', 3808'-12', 3788'-94', 3781'-84', 3756'-62', 3730'-38'. Set pkr 3670'. Pump 100 bbls. 15% HCL-NE-FE in 2 stages. Divert w/ 400# 50/50 rock salt and benzoic flakes in 7 bbls. 10ppg brine. Flush w/ 15 bbls. 10ppg brine. 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. Butler TITLE Administrative Supervisor DATE July 6, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE APPROVED

JUL 10 1981

James A. Gillham
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side