## UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE CHANGE ZONES ABANDON\* (other)

Dec. 1973	Budget Bureau No. 42-R1424
. UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-030/43 (6)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME  NMFUL
(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.)	8. FARM OR LEASE NAME
1. oil gas other 4.0 ocean	Reed B
2. NAME OF OPERATOR CONOCO INC.  well other U.S. GEOLOGICAL SUBVE HORBS, NEW WELLOW	9. WELL NO.  Y  4  10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	Eumant Yates Seven Rivers Queen 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660'FNL & 1650'FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	AREA  Sec. 23, T-205, R-36E  12. COUNTY OR PARISH 13. STATE  Lea NM  14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF   ERACTURE TREAT	

(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 3877! String shoot open hole from 3870-3770'. CO to 3877! Set pkr. at 3700! Pmp 100 bbls. 15% HCL-NE-FE in 3 stages. Divert between stages w/ 200# 50/50 rock salt and benzoic blakes in 3661s. 10 ppg brine. Flush w/ 1566s. 10 ppg brine. Swab. Run production equipment. Test.

Subsurface Safety Valve: Manu. and Ty	/pe	Set @ Ft.
18. I hereby certify that the foregoing	is true and correct	
SIGNED WM Q. Bulley	TITLE Administrative Supervisor DAT	E June 29, 1981
	(This space for Federal or State office use)	APPROVED
APPROVED BY	TITLE DA	ATE
	% <b>.</b> 	ا 1981 إلى الم
	*See Instructions on Reverse Side	JAMES A. GILLHAM DISTRICT SUPERVISOR