

N. M. OIL CONS. COMMISSION  
P. O. BOX 1280  
HOBBS, NEW MEXICO 88240  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

**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.)

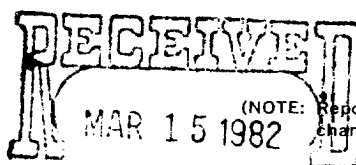
1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR  
**CONOCO INC.**
3. ADDRESS OF OPERATOR  
**P. O. Box 460, Hobbs, N.M. 88240**
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: **2310' FSL, 1650' FEL**  
AT TOP PROD. INTERVAL:  
AT TOTAL DEPTH:
16. CHECK APPROPRIATE 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) ☐

SUBSEQUENT REPORT OF:

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

OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

5. LEASE  
**LC-030143(6)**
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
**NMFU**
8. FARM OR LEASE NAME  
**Reed B**
9. WELL NO.  
**7**
10. FIELD OR WILDCAT NAME  
**Eumont Yates Seven Rivers Queen**
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)

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.)\*

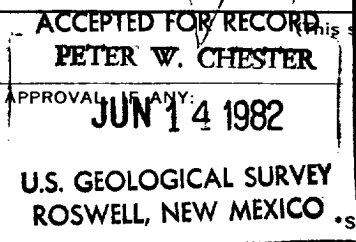
MIRU 12/14/81. CO to 3842'. String shoot from 3668'-3846'. Acidized in 3 stages w/ 100 bbls. 18% HCL-NE-FE. Divert w/ 200# 50/50 rock salt and benzoic acid in 4 bbls. 10ppg brine. Flushed w/ 17 bbls 10# brine. Swabbed well. Ran production equipment. Tested 2/9/82: 0 BOPD, 1BWPD, 173 McFPD. This well is producing.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Peter W. Chester TITLE Administrative Supervisor DATE March 11, 1982

APPROVED BY  
CONDITIONS OF



TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side

RECEIVED  
JUN 16 1982  
G.C.D.  
HOBBS OFFICE