

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: 1980' FSL & 660' FWL
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:

☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

LC-031621(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Britt A-6

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. 6, T-20S R-37E

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.)*

Run bit to 3679'. Spot 6 bbls acid (5% HCL-NE-FE) from 3675'-3615'. Perf from top to bottom @ 3452'-69', 3492'-98', 3540'-52', 3575'-94', 3600'-3607', 3637'-41', 3650'-55', 3668'-75'. (Total: 186 perfs). Set pkr @ 3350'. Acidize (3452'-3675') w/ 154 bbls 15% HCL-NE-FE. Pump 23 bbls 10 lb/gal brine. Swab Chemically inhibit (3452'-3675') w/ 2 drums chemical mixed in 22 bbls 10 lb/gal brine. Pmp 42 bbls brine. Rel. pkr. Run production equipment. Test.

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

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

SIGNED James A. Gillham
(This space for Federal or State office use)

TITLE Administrative Supervisor

DATE 2/17/83

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 24 1983

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

RECEIVED
FEB 25 1983
O.C.D.
HOURS OFFICE