

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 ☐
well 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: 660' FNL 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-031620(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFL

8. FARM OR LEASE NAME

Skaggs B

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Skaggs Glorieta & Drinkard

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

Sec. 12, T-20S, R-37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

JAN 30 1981

OIL CON. COM.
DIST. 3

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.)*

Fish RBP 5600'. CO to 6959'. Set RBP 6940', pkr 6860'. Treat Drinkard as follows: Pmp 2000 gals. 15% HCL-NE-FE. Divert w/ 100# rock salt in 100gals brine. Flush w/ TFW. Swab. Reset RBP 5330', pkr. 5250'. Treat Glorieta as follows: Pmp 3000 gals. 15% HCL-NE-FE. Divert w/ 100# rock salt in 100gals. brine. Flush w/ TFW. Swab. GIH w/ pkr. to 6850'. SN to 5350'. Place well on production.

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

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

SIGNED Wm. A. Dutton, Jr. TITLE Administrative Supervisor DATE January 23, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED

JAN 27 1981

DISTRICT SUPERVISOR

*See Instructions on Reverse Side

USGS
NMFL4
File