

M. OIL CONS. COMMISSION

P. O. BOX 1980

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
NEW MEXICO 88240
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: 1980 'FSL + 660' 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-031620 (B)~~

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM 0557686

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

SEMU EUMONT

9. WELL NO.

46

10. FIELD OR WILDCAT NAME

EUMONT YATES 7 RURS. QN.

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

SEC. 14, 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.)

RECEIVED
SEP 6 1 12 AM '83
MOUNTAIN

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 7/9/83. SET RBP @ 3450'. PUMPED 5
GBLS CAUSTIC WASH + 5 GBLS TFW. CMT W/ 50
SXS CLASS "C" W/ 18% SALT + 2% CaCl₂. DO CMT.
SPOTTED 50 SXS CLASS "C" W/ 2% CaCl₂. SET PKR
@ 475'. PUMPED 90 SXS CLASS "C" W/ 2% CaCl₂.
REL PKR. TOC @ 565'. DO TO 995'. REL RBP.
CO TO 3770'. RAN PRODUCTION EQUIPMENT. PUMPED
0 BO, 45 BW, + 170 MCF IN 24 HRS ON
7/30/83.

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

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

SIGNED W. A. Butterfield TITLE Administrative Supervisor DATE 9/2/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 7 1983

*See Instructions on Reverse Side