

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

P. O. BOX 1880
HOBBS, NEW MEXICO 88240

5. LEASE

LC-031621 (13)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

BRITT B

9. WELL NO.

13

10. FIELD OR WILDCAT NAME

MON. TUBB / WEIR BLINERY

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

SEC. 15, T20S, R37E

12. COUNTY OR PARISH

LEA

13. STATE

NM

14. API NO.

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

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:

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(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.)*

MIRU 5/1/84. SET PKR @ 3529' RAN TRACER SURVEY. SQUEEZED DOWN CSG W/ 25 SKS CLASS "C" W/ 18% SALT + 250 SKS CLASS "C" W/ 2% CaCl₂. WOC. REL PKR. RAN PROD EQUIP. PMPD 930, 1 BW, + 450 MCF IN 24 HRS 5/4/84.

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

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

SIGNED Wm A. Tuttle TITLE Administrative Supervisor DATE 6/12/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY AWC TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 15 1984

Chilbrad

NEW MEXICO *See Instructions on Reverse Side

RECEIVED BY
JUN 18 1984
O. C. D.
HONOLULU OFFICE

RECEIVED
JUN 20 1984
O. C. D.
HONOLULU OFFICE