

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

RECEIVED

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: 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) OPEN ADD'L PAY ☒

5. LEASE

LC-031621 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

NMFU

FARM OR LEASE NAME

BRITT B-18

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

EUNICE MONUMENT G/SA

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

SEC. 18, 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.)*

MIRU. CO TO 3825'. SPOT 3 BBLs 15% HCL-NE-FE
3700'-3820'. PERF W/2 JSPF @ 3724'-32', 3736'-
42', 3784'-88', 3794'-3802', + 3806'-3818' (TOTAL
85 PERFS). SET PKR @ 3700'. ACIDIZE W/80 BBLs
15% HCL-NE-FE DIVERTING W/ ROCKSALT, BENZOIC ACID,
+ GUAR GUM. FLUSH W/40 BBLs TFW. SWAB. REL PKR.
RUN PROD EQUIP. TEST.

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

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

SIGNED W. A. Chester TITLE Administrative Supervisor DATE 1/18/84

APPROVED

(This space for Federal or State office use)

APPROVED BY W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAR 21 1984

RECEIVED
MAR 26 1984
O.C.D.
HOBBS OFFICE