

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 well2. NAME OF OPERATOR  
CONOCO INC.3. ADDRESS OF OPERATOR  
P.O. Box 400, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 330' FNL & 1650' 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) open add'l. pay ☒

SUBSEQUENT REPORT OF:

☐☒☒☐☐☐☐☐☒

5. LEASE

LC-032096 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Lockhart A-27

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

Blinebry

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

Sec 27-21S-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

30-025-06800

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. Acidize perfs 5716'-5921' w/122 bbls. 15% acid. Swab. Rel pkr @ 5595'.  
Log 3300'-7261'. Set RBP @ 5710'. Spot 2 bbls. 15% acid over 5615'-5700'.  
Perf. Upper Blinebry at 5664'-68', 72', 76', 80', 84' & 88' w/1 JSPF for total of 10 holes.  
Set pkr @ 5520'. Broke down perfs 5664'-5688' w/21 bbls 15% acid. Sand frac  
w/total 359 bbls 40# gelled fluid & 34,692 # 20/40 sand. Rel pkr @ 5520'.  
CO to 5710'. Rel RBP @ 5710'. Ran prod. equipment. Set SN @ 5890'.  
Pmpd - 4 BO, 5 BW & 5 MCF on 11/27/84

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED David A. Smylie TITLE Administrative SupervisorDATE 1/3/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY

JAN 7 1985

[Signature]

\*See Instructions on Reverse Side