

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 well

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: 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:

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-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, T21S, R37E

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. SET PKR @ 5600'. ACIDIZE 5716'-5921' W/122 BBLs 15% HCL-NE-FE. FLUSH W/34 BBLs TFW. SWAB. REL PKR. SET RBP @ 5710'. SPOT 2 BBLs 15% ACID 5616'-5700'. PERF W/1 JSPF @ 5670', 74', 78', 82', 86', 90', + 5694'. SET PKR @ 5570'. ACIDIZE PERFS W/21 BBLs 15% HCL-NE-FE. FLUSH W/33 BBLs TFW. FRAC W/354 BBLs 40# GELLED FLUID + 34,692 LBS 20/40 SAND. SWAB. REL PKR + RBP. TEST.

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

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE 8/1/84

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE CARLEAD RESOURCE MGR DATE 9-20-84
CONDITIONS OF APPROVAL, IF ANY: