

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 ☒ 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' FNL + 1980' FWL
AT TOP PROD. INTERVAL: E
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:

☐
☐
☐
☒
☐
☐
☐
☐
☐

5. LEASE
LC - 032096 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
LOCKHART B-35
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
TUBB / WANTZ ABO
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 35, T-21S, 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 11 12 AM '83
EDUCATION
ROSWELL
GEOLOGICAL SURVEY

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 8/2/83. SPOTTED 150 GALS 15%
HCL-NE-FE. FLUSHED W/ 50 BBLs TFW. SHOT
TUBING 6351'-6359' W/ 100 GRAIN STRING SHOT.
TUBING STUCK. CUT 2 3/8" TUBING @ 6355'. SET
CIBP @ 6353'. DUMPED 35' OF CLASS "C" CMT
ON TOP. TOC @ 6318'. RAN PRODUCTION
EQUIPMENT. PUMPED 4 BO, 3 BW, + 319 MCF
IN 24 HRS ON 8/16/83.

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

ROSWELL, NEW MEXICO

SEP 9 1983

**O.C.O.
HOBBS OFFICE**