

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 ☒ 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: 660' FSL + 1830' 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) | <input type="checkbox"/> | <input type="checkbox"/> |

5. LEASE
LC-031670 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
SEMU ABO
9. WELL NO.
71
10. FIELD OR WILDCAT NAME
EAST SKAGGS ABO
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 18, T20S, R38E
12. COUNTY OR PARISH
LEA
13. STATE
NM
14. API NO.
30-025-07797
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 5/22/84. ACIDIZED 7083'-7657' W/A
TOTAL OF 101 BBLS 15% HCL-NE-FE. FLUSHED
W/ 150 BBLS 9 PPG BRINE. SWBD. RAN PROD
EQUIP. FLOWED 37 BO, 35 BW, + 286 MCF
IN 24 HRS 6/12/84.

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

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

SIGNED Wm. A. Mueller, Jr. TITLE Administrative Supervisor DATE 7/31/84
ACCEPTED FOR RECORD
(This space for Federal or State office use)

APPROVED BY AWG TITLE _____ DATE _____
CONDITIONS OF APPROVAL: AUG 2 1984

Carlsbad, NEW MEXICO See Instructions on Reverse Side