

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 + 1980' 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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input 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) DRILL OUT + STIMULATE	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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. DRILL OUT TO 3910'. SET PACKER @ 3600. ACID FRAC 3699' - 3910': PUMP 19 BBLs. GELLED FLUID; PUMP 50 BBLs. 15% HCl-NE-FE ACID; PUMP 17 BBLs. GELLED FLUID; DIVERT W/ 18 BBLs. GELLED 10 LBS/GAL BRINE + 2 LBS/GAL ROCK SALT; PUMP 19 BBLs. GELLED FLUID; PUMP 50 BBLs. ACID; FLUSH W/ 48 BBLs. GELLED FLUID. SWAB. INHIBIT W/ 2 DRUMS CHEMICAL. OVERFLUSH W/ 216 BBLs. TFW. RUN PRODUCTION EQUIPMENT. 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 6/3/83

APPROVED

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 28 1983

5. LEASE
LC - 031670 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
SEMU PERMIAN

9. WELL NO.
17

10. FIELD OR WILDCAT NAME
SKAGGS GRAYBURG

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 19, T-20S, R-38E

12. COUNTY OR PARISH 13. STATE
LEA NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
3548' OF

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

JUN 7 1983

OIL & GAS