

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 WATER INJECTION

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' FNL + 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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) RUN NEW CASING

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. CO TO 3696'. SPOT 118 BBLs CROSSLINKED GEL
3650'-3903'. SPOT 16 SXS CLASS "C" 3575'-3650'. WOC.
DO CMT TO 3600'. SET PKR @ 3500'. TEST CMT TO
1500 PSI. RUN 4 1/2" 11.6 # CASING TO 3600'. PUMP 300
SXS CLASS "C". TAIL IN W/ 50 SXS CLASS "C". WOC.
CO TO 3903'. SET INJECTION PKR @ 3550'. ACIDIZE
OH W/ 4000 GALS 15% HCL-NE-FE + 4000 GALS
UNICHEM TC-156. FLUSH W/ 9 PPG BRINE. RUN
INJECTION EQUIPMENT. MONITOR.

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

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

SIGNED David R. Glass TITLE Administrative Supervisor DATE 10/14/83

APPROVED (This space for Federal or State office use)
(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

DEC 1 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.
31

10. FIELD OR WILDCAT NAME
SKAGGS GRAYBURG

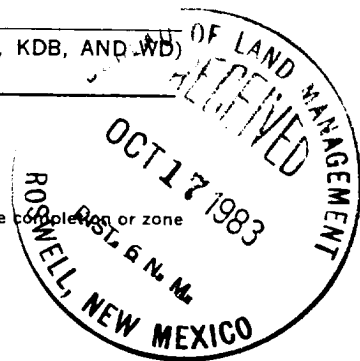
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 19, T-20S, R-38E

12. COUNTY OR PARISH 13. STATE
LEA NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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



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C.C.D.
HOBBS OFFICE