

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 injection well

2. NAME OF OPERATOR Corboco Inc.

3. ADDRESS OF OPERATOR PO Box 460 Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 2086' FNL 55-1' FWN
AT TOP PROD. INTERVAL:
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) conv to water injection ☒

SUBSEQUENT REPORT OF:

RECEIVED

SEP 14 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

(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.)*

subject well converted to injection as follows:

6-6-79 MURU

6/7-79 co. fish tbq, pkr

6/19 locate csq 1k @ 4400'

6/20-21 sqz 1k w/ 600 sx Cl. C' cmt

6/23-24 dild ext cmt

6/28 200H w/ prod eqpt, pkr ck

6/29 R.H w/ 2" tbq, pkr @

8889', circ. pkr fluid

6/30 rig dn. rel rig

begin injection.

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED Wm A. Butterfield TITLE Admin. Supr DATE 9-12-79

(This space for Federal or State office use)

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

USGS 5

NMFU 4

FILE

*See Instructions on Reverse Side

