

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: 1980' 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 | <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) CHEMICALLY INHIBIT | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

5. LEASE
LC-031695 (A)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
SEMU PERMIAN
9. WELL NO.
16
10. FIELD OR WILDCAT NAME
SKAGGS GRAYBURG
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 30, T-20S, R-38E
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.)

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 ON 5/12/83. PUMPED 8 BBLs. XYLENE DOWN TUBING. FLUSHED W/5 BBLs 9# BRINE. SWABBED. INHIBITED W/8 BBLs CHEMICAL MIXED WITH 8 BBLs TFW. FLUSHED W/10 BBLs 9# BRINE. SWABBED. SET PKR @ 3566'. PUMPED 35 BBLs 3% CHECKER SOL IN 15% HCL-NE-FE. FLUSHED W/15 BBLs TFW. SWABBED. PUMPED 2 DRUMS CHEMICAL MIXED W/290 BBLs TFW. REL PKR. RAN PRODUCTION EQUIPMENT. PUMPED 26 BO, 208 BW, <1 MCF ON 6/8/83.

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

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

SIGNED Wm A. Petherick TITLE Administrative Supervisor DATE 6/13/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

PO
AUG 11 1983

*See Instructions on Reverse Side

1983-1984

1983-1984

1983-1984

RECEIVED
AUG 12 1983
O.C.D.
HOBBS OFFICE