

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 ☐ NOV 1 1982
2. NAME OF OPERATOR  
CONOCO INC. OIL & GAS U.S. GEOLOGICAL SURVEY
3. ADDRESS OF OPERATOR  
PO Box 460, Hobbs, N.M. 88240 ROSWELL, NEW MEXICO
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL & 1980' 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 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) <u>convert to water injection</u> |                          |                          |

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.)\*

CO to 6048' Set pkr @ 5700' Acidize Blinberry perfs in 3 stages w/120 bbls 15% HCL-NE-FE and divert w/ rock salt & brine. Flush w/ 40 bbls TFW. Install injection wellhead & turn to injection. Verbal approval per Armando Lopez 10-28-82. See attached WF Division Order.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED A. E. Bingham TITLE Administrative Supervisor

DATE 10-28-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVED

NOV 2 1982

JAMES A. GILLHAM  
DISTRICT SUPERVISOR