

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO

Form Approved.
Budget Bureau No. 42-R1424

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 *Wtr 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' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) *Convert to water injection* ☒

SUBSEQUENT REPORT OF:

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5. LEASE

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD OR WILDCAT NAME

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

12. COUNTY OR PARISH

13. STATE

14. API NO.

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

RECEIVED
(NOTE: Report results of multiple completion or zone change on Form 9-331-C)
JAN 17 1982

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

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 11-30-82, Tag Fill at 6011' CO frac sand to 6048' Circ hole clean. Spot 250 gal 15% HCL-NE-FE acid @ 6010' POOH w/2 3/8" tbg. Circ. pkr fluid & set pkr @ 5723'. Acidize with 120 bbls acid w/10 bbls gelled time between stages. Land 183 jts 2 3/8" PC tbg @ 5723' w/pkr Rel. rig.

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

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

SIGNED *W. A. [Signature]* TITLE *Administrative Supervisor* DATE *12-16-82*

ACCEPTED FOR RECORD (space for Federal or State office use)

APPROVED BY *W. CHESTER* TITLE _____ DATE _____
CONDITIONS OF APPROVAL *JAN 17 1983*

SUBJECT TO LIKE
APPROVAL BY STATE

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO