N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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
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 & 660' FWL
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:
5. LEASE: LC-063458
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME: Warren Unit
8. FARM OR LEASE NAME: Warren Unit
9. WELL NO.: 20
10. FIELD OR WILDCAT NAME: Blinebry
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 34-20S-38E
12. COUNTY OR PARISH: Lea
13. STATE: NM
14. API NO.:
15. ELEVATIONS (SHOW DF, KDB, AND WD):

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) repair prod. csg. - set liner, re-perf		

(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. Rls pkr @ 5462'. Log. Cmt squeeze any channels in existing csg cmt. Spot 150 sx class H cmt 6026' - 5600' to plug off perfs. DO cmt to 6026'. Run 658' liner of 5" 15# J-55 FL4S csg. Cmt liner w/ 81 sx class C. WOC. Spot 9.5 bbls 5% acetic acid. Perf w/ 4 JSPF 5890'-5934', & 5962'-6020', total 416 holes. Flush w/ TFW. Set pkr @ 5790' & place well on injection.

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

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

SIGNED [signature] TITLE Administrative Supervisor DATE 9-26-84

(This space for Federal or State office use)

APPROVED BY _____ TITLE AREA MANAGER CARLSBAD RESOURCE AREA DATE 10-26-84

CONDITIONS OF APPROVAL, IF ANY:

Subject to Like Approval by State

*See Instructions on Reverse Side