

N. M. OIL CONS. COMMISSION  
P. O. BOX 1220  
HOBBS, NEW MEXICO

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 water 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 & 660' 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:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

SUBSEQUENT REPORT OF:

(other) convert to water injection ☒

5. LEASE NO. <u>88240</u> <u>EE-063458</u>
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME <u>NMFL</u>
8. FARM OR LEASE NAME <u>Warren Unit Bl. Aly 1</u>
9. WELL NO. <u>14</u>
10. FIELD OR WILDCAT NAME <u>Blincoy</u>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 34, T-20S, R-38E</u>
12. COUNTY OR PARISH <u>Lea</u>
13. STATE <u>NM</u>
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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JAN 17 1982

U.S. GEOLOGICAL SURVEY

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 12-2-82. PCHW/2 3/8" tbg Tagged @ 6006' Spot  
250 gals 15% HCL-NE-FE acid @ 6008' Set pkr @ 5693'  
Acidize w/150 bbls 15% HCL-NE-FE in 3 equal stages.  
Divert in 2 stages w/gelled brine & rock salt. Rel pkr. Pmp  
120 bbls pkr fluid. Reset pkr @ 5693' Rel rig.

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

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

SIGNED W. A. Butler TITLE Administrative Supervisor DATE 12-16-82

ACCEPTED FOR RECORD

APPROVED BY W. CHESTER

CONDITIONS OF APPROVAL IF ANY  
JAN 17 1983

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SUBJECT TO LIKE  
APPROVAL BY STATE

MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO

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**JAN 19 1983**

**O.C.D.  
HOBBS OFFICE**