

(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
PO Box 460 Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE:
AT TOP PROD. INTERVAL: *660/S 1980/E*
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)

SUBSEQUENT REPORT OF:

☐ ☐ ☒ ☐ ☐ ☐ ☐

5. LEASE
LC 037236

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Sank Eunice Unit

8. FARM OR LEASE NAME
Sank Eunice Unit

9. WELL NO
26

10. FIELD OR WILDCAT NAME
72VRS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 22 - 22S - 36E

12. COUNTY OR PARISH
LA

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)
5511 DF

(NOTE: Report results of multiple completion or zone change on Form 9-330.) 1979

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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.)

subject well CO, Report d standardized as follows:

7-3 -MIRU. Tagged BIR 3750 CD to 3782

7-4 Ref @ 3656-3764 w/1 JSPF

acidize w/ 88 bbls 15% HCl - No divert w/

Rock salt, guss gum.

7-5 μ_j 350 BWPD @ 320 μs

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

TITLE *Administrative* DATE *7-6-79*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY.

USGS 5
AMFY 4
FILE

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
1979

JUL 11 1979

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