

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 develop or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
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' 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: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

5. LEASE
20 (30133 LB)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
N.M.F.U.
8. FARM OR LEASE NAME
South Linn Unit
9. WELL NO.
27
10. FIELD OR WILDCAT NAME
7-N River Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T-22S, R-36E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3510' DF

(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 9/25/79. Poch w/ production equipment - 20 csq. to 3819'. Spot 3661. 15% HCl NE acid. Perf. @ 3641'-3646', 3649'-3652', 3663'-3667', 3679'-3694', 3715'-3717', 3727'-3739', 3750'-3756' w 2 J-11 (92 holes). Pumped 150 bbls. 12% HCl-NE acid. Submerged well. Ran production equipment w/ reg. set @ 3788'. Rigged down & returned to production 9-28-79. Last test (10-4-79) prod. 1380 P.D., 40 B.W.P.D.

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

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

SIGNED *John A. Lattin* TITLE *Admin. Supervisor* DATE *10/5/79*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY

*USGS-5
HMFU-4
FILE*

TITLE _____ DATE _____

*See Instructions on Reverse Side

