

N. M. STATE GEOLOGICAL SURVEY
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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 ☐ gas ☐ other ☒ **Water Inj**

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' FSL + 640' 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) **Clean Out**

SUBSEQUENT REPORT OF:

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

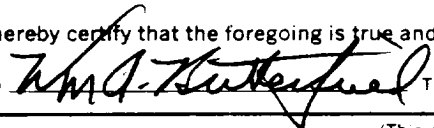
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

MIRU. Rel pkr. Tag @ 3588'. CO to 3825'. Set pkr @ 3436'.
Acidize w/ 11.9 BBLs of 15% HCL-NE-FE. Flush w/ 30 BBLs
9# brine. Place well on injection. Inj 275 BWPD @ 780
psi on 8-10-84.

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

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

SIGNED



TITLE

Administrative Supervisor

DATE

10/17/84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY



TITLE

DATE

CONDITIONS OF APPROVAL

OCT 27 1984

Carlsbad, NEW MEXICO

*See Instructions on Reverse Side