

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 ☐

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' FEL

AT TOP PROD. INTERVAL: same

AT TOTAL DEPTH: same

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:

☐☐☒☐☐☐☐☐

RECEIVED

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE

LC-030133 (6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

N.M.F.U.

8. FARM OR LEASE NAME

South Eunice Unit

9. WELL NO.

25

10. FIELD OR WILDCAT NAME

Eunice 7-Rivers Queen So.

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)

3503' DF

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 directly drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

12-9-79 MIRU & prepare to co. Blew well down & POOH of production equipment. Tagged fill @ 3775'. Set treating packer @ 3550'. Spotted 4 bbls. 15% HCl-NE & flushed w/ TFW. Acidized in 3 stages 150 bbls. 15% HCl-NE & diverted. Flushed w/ 40 bbls. 2% TFW w/ 1 gal. Adomall/1000 gal. RIT w/ 120 jts. tbg., SN, MA. Tbg. set @ 3745', SN @ 3715'. Ran rods & pump & placed well on test.

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

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

SIGNED Wm. G. T. Butler TITLE Admin. Supervisor DATE 12/13/79

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

USGS-S

NMFU-Y

FILE

TITLE _____ DATE _____