

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:

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) ☐RECEIVED
NOV 5 1979
U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE

LC-0301336

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-Rvrs 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

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.)*

It is proposed to CO & acidize subject well as follows:

MIRU & kill well if necessary. CO esg. to 3790'. Spot 168 gal. 15% HCl-NE from 3750' to 3580'. Pump 6300 gal 15% HCl-NE: & divert w/ graded rock salt mixed w/ brine. Flush & swab well. GHT w/ production equipment, setting SN @ 3745'. Return well to production.

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

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

SIGNED

Wm A. Butterfield

TITLE Admin. Supervisor

DATE

APPROVED

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

USGS-5
NMFU-4
FILE

TITLE

DATE

NOV 05 1979
GR Hall
ACTING DISTRICT ENGINEER