

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 ☐
well well

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: 330' FNL + 1650' 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) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
LC-031670 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
SEMU McKEE
9. WELL NO.
72
10. FIELD OR WILDCAT NAME
WARREN McKEE
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 19, T-20S, R-38E
12. COUNTY OR PARISH
LEA
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

RECEIVED
JAN 23 11 31 AM '84
BUREAU OF REVENUE
ROCKWELL

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 @ 9006'. SET CIRP @ 8175'.
LOG. SPOT 15% HCL-NE-FE ACROSS LOWER ABO +
PERF 6960'-7650' w/2 JSPP. (NOTE: EXACT NUMBER
+ DEPTH OF PERFS WILL BE BASED ON LOG). SET RBP
BELOW PERFS + PKR ABOVE. ACIDIZE w/60 BBLs 15%
ACID. FLUSH. SWAB. RUN PROD EQUIP. TEST.

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

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

SIGNED Wm A. Dutter TITLE Administrative Supervisor DATE 1/20/84

APPROVED

(This space for Federal or State office use)

(Orig. 584) W. W. CHESTER

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 16 1984