N. M. OR CONS. COMMISSION

P. O. BOX 1980

Form Approved. Budget Bureau No. 42-R1424

DEPARTMENT OF THE INTERIOR	LC-031621 (B)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME NMFU
1. oil gas uell other	Brith B
2. NAME OF OPERATOR CONOCO INC.	9. WELL NO.
3. ADDRESS OF OPERATORP. O. Box 460, Hobbs, N.M. 88240	10. FIELDORWILDCAT NAME DE MUSTILE Blinebry / Tubb
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
below.) AT SURFACE: 1880' FSL + 1980' FEL	Sec. 10, T- 205, R-37E
AT SURFACE: 1000 POL T 1700 PEL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	Lea NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT SHOOT OR ACIDIZE	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING	change on Form 9-330.)
CHANGE ZONES	
ABANDON* (other) Perf	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is dimeasured and true vertical depths for all markers and zones pertinent mire. Spot 4 BBLs 15 %. HCL-NE	to this work.)* =-FE (4550'- 4430'. Perf
w11 jspf @ 6429, 33', 37', 41', 45', 5	
97, 4503, 07, 13, 18, 41, 50 4 54 (2	O Perfs). Set RBP@ 6569'
+pkr @ 4245'. Acidize perfs w/30	BBLS 15 % HCL-NE-FE +
157.98 88 Ls 2% KCL. Flush. Rel pk	r. @ 4245: Keset pare
6265! Acid frac Upper Tubb perfs 642	18 1221, milling pipes of 13 v
HCL-NE-FE in 2 equal stages. Relake + RI	BP. Ran prod. equip. Flowed 11'
#CL-NE-FE in 2 equal Stages. Relpkr + Resource Safety Valve: Manu. and Type 13 BW, + 80 MCF 1	n 24 hrs. on 9-13-84
18. I hereby certify that the foregoing is true and correct	<u> </u>

OCT 2 5 1984

NEW MEXICO

Carlelas,

APPROVED BY CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side

ACCEPTED FOR RECORDIS space for Federal or State office use)

Administrative Supervisor DATE 10/11/84

______ TITLE ______ DATE _____