Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 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: 1880' FSL & 1980' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
LC-031621 (13)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
BRITT B

9. WELL NO.
21

10. FIELD OR WILDCAT NAME
BLINEBRY / TUBB

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 10, T20S, R37E

12. COUNTY OR PARISH
LEA

13. STATE
NM

14. API NO.
30-025-20649

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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) OPEN ADD'L PAY ✓		

(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. Spot 4 BBLS 15% HCL-NE-FE 6429'-6554'. Perf w/1 JSPF @ 6429'-6554' (20 perfs). Set RBP @ 6565' & PKR @ 6250'. Acidize w/30 BBLS 15% HCL. Flush w/44 BBLS TFW. Acid frac w/a total of 256 BBLS gelled fluid & 196 BBLS 15% HCL. Swab. Rel PKR & RBP. 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. Rutledge TITLE Administrative Supervisor DATE 8/13/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 8/21/84
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

AUG 22 1984

O.C.D.
HOBBS OFFICE