

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 well2. 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 + 610' 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:

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 ☒

5. LEASE

NM-0557686

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

SEMU BLINEBRY TUBB

9. WELL NO.

84

10. FIELD OR WILDCAT NAME

WEIR BLINEBRY / Mon. TUBB

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

SEC. 22, T20S, R37E

12. COUNTY OR PARISH

LEA

13. STATE

NM

14. API NO.

30-025-20654

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

(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. SET RBP @ 6550' + PKR @ 6300'. ACIDIZE 6477'-6517' w/16 BBLs XYLENE + 16 BBLs 15% HCL. FLUSH w/42 BBLs TFW. SWAB. REL PKR. RESET RBP @ 6465'. SPOT 4 BBLs 15% HCL 6300'-6454'. PERF w/1 JSPF 6300'-6454' (21 PERFS). SET PKR @ 6150'. ACIDIZE w/42 BBLs 15% HCL. FLUSH w/43 BBLs TFW. ACID FRAC w/A TOTAL OF 243 BBLs GELLED FLUID + 200 BBLs 15% HCL. FLUSH w/43 BBLs TFW. SWAB. RESET RBP @ 5850' + PKR @ 5500'. ACIDIZE 5691'-5766' w/18 BBLs XYLENE + 18 BBLs 15% HCL. FLUSH w/39 BBLs TFW. SWAB. REL PKR + RBP. TEST.

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

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

SIGNED

Will D. Dutton

TITLE

Administrative Supervisor

DATE

8/10/84

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

9-20-84

CONDITIONS OF APPROVAL, IF ANY: