

COPY TO O. C. C.

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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: *1980' FNL & 660' FNL*
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)	☐	☐

5. LEASE
LC-031621 (6)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
N.M.F.U.
8. FARM OR LEASE NAME
Britt Phillips
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Monument Tubb
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 10, T-20S, R-37E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3546' DF

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

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HOBBS, NEW MEXICO

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 8-7-79. Puller wkg. equipment - Ran scraper to TD.
Reported along existing producing interval 6487'-6546' w/ 2 ISPF
11 holes. Frack 2300 gals. 15% HCl-NE acid.
Flushed & swabbed. Ran production equipment & rigged down 8-9-79*

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED *[Signature]*

TITLE *Admin. Supervisor*

DATE *9-24-79*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY.

TITLE

DATE

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
SEP 25 1979
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