

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 ☐
well well other

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P. O. Box 400, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL & 1980' FWL
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

NM 0557686

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

SEMU Tubb

9. WELL NO.

88

10. FIELD OR WILDCAT NAME

Monument Tubb

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

Sec. 14, T-20S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

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

RECEIVED

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

MAR 10 1983

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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 2-23-83 Spot 250 gals 15% acid @ 6673'. Perf. w/2 JSFP @ 6418', 23', 29', 39', 66', 99', 6503', 12', 23', 38', 6656', 62' & 6665'. RIH w/ pkr. Set pkr. @ 6253'. Break down Tubb perfs w/100 bbls 15% HCL-NE-FE acid and 1680 gals. TFW (FW w/2% KCL). Re-set pkr. @ 6253'. Acid frac Tubb w/100 bbls 15% HCL-NE-FE acid & gelled TFW. Diverted between stages w/ benzoic acid flakes & rocksalt mixed in gelled brine. Swab. Rel. pkr. Run production equipment. Tested 3-3-83: 230 & 14 MCF in 24 Hrs.

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

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor

DATE 3/9/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

SEP 14 1983