

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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: 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:

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RECEIVED

SEP 26 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
NM 0557686
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
SEMU
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 N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3565' DF

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. Pulled production equipment. Cleaned out csg. to 6266'.
Spotted 168 gals. 15% HCl-NE acid from 6591' to 6423'.
Perf'd Tubb formation @ 6449', 6451', 6458', 6462', 6468', 6488',
6490', 6514', 6544', 6550', 6564', 6591' w/ 2 JSPP (24 holes).
Pmpd. in 2500 gals. 15% HCl-NE acid. Flushed & swabbed. Pmpd. in
Scale inhibitor & flushed. Ran production equipment & put well on production. 9-5-79

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

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

SIGNED Ben A. Lee TITLE Admin. Supervisor DATE 9-24-79

(This space for Federal or State use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

USGS.-5
NMFLU.-4
FILE

*See Instructions on Reverse Side

