

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 well
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) *Reperforate* ☒

SUBSEQUENT REPORT OF:

- ☐
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AUG 7 1979

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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
NMFU Field Monument Tubb Pool
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 14, T20S, R37E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3565' DF

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.)*

It is proposed to reperforate, acidize & pump scale inhibitor into this well as follows:

Cleanout well to 6766'. Spot 168 gals. 15% NE-HCl acid 6591'-6423'. Perf at 6449', 6451', 6458', 6462', 6468', 6488', 6490', 6514', 6544', 6550', 6564', 6591'; set pkr. at $\pm$ 6350'. Acidize w/2500 gals. 15% NE-HCl. Swab back acid wtr. Pump in scale inhibitor. Rel. pkr. & rerun producing equipt. Return well to production.

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

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

SIGNED *Wm. A. Butterfield* TITLE *Admin. Supv.* DATE *8-2-79*

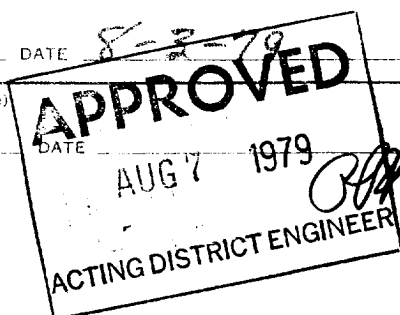
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

*USGS (5)**NMFU (4)**File*

*See Instructions on Reverse Side



11/10/73 11:14 AM
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AUG 14 1973
O.C.D. HOBBS, OFFICE