

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 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' FEL

AT TOP PROD. INTERVAL: same

AT TOTAL DEPTH: same

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

☐
☐
☒
☐
☐
☐
☐
☐
☐

RECEIVED
JUL 7 1980
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE

LC - 032099(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

LOCKHART B-1

9. WELL NO.

8

10. FIELD OR WILDCAT NAME

BLINEBRY / DRINKARD

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

SEC. 1, T-22S, R-36E

12. COUNTY OR PARISH

LEA

13. STATE

NM

14. API NO.

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

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 6-16-80. Tagged fill @ 6787'. Cleaned out well to 6810'.

Acidized Drinkard perts w/ 4200 gal. 15% HCl-NE-FE. Scale inhibited w/ 4 drums Techni-Hib 814 & 40 bbls. KCl TFW.

Acidized Blinebry perts w/ 1260 gal. 15% HCl-NE-FE. Scale inhibited w/ 2 drums Techni-Hib 814 & 20 bbls. KCl TFW.

Flushed well & ran hq., setting hq. @ 6787.

Well tested 8 BOPD, 279 BWPD, 33 MCFPD.

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 ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

DATE AUG 11 1980

USGS - S
NMFU - 4
FILE

U. S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO