

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 ☒ gas ☐ other ☐
well 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 & 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 OF:

- ☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
LC - 032099 (b)
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 OIL & GAS / 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 N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3483' GR

(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.)*

It is proposed to clean out, acidize, & scale inhibit subject well as follows:
MIRU & kill well. Clean out well to 6800' if necessary. Acidize the Drinkard perfs. (6504'-6767') w/ 4200 gals. 15% HCl-NE-FE. Flush & swab. Scale inhibit Drinkard perfs. w/ 4 drums Techni-Hib mixed w/ 40 bbls. TFW. Acidize Blinebry perfs. (5538'-5776') w/ 1260 gals. 15% HCl-NE-FE. Flush & swab. Scale inhibit Blinebry perfs w/ 2 drums Techni-Hib mixed w/ 20 bbls. TFW. Flush well & run production equipment. Place well on 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. Supervisor
(This space for Federal or State office use)

RECEIVED

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

USGS-5
NMFU-4
FILE

MAY 25 1980

for See Instructions on Reverse Side

U. S. GEOLOG. SURVEY
11-225, HL 11-225, HL 11-225, HL