

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.)

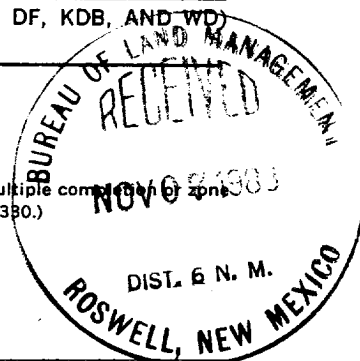
1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR
CONOCO INC.
3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FNL + 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF ☐ ☐
FRACTURE TREAT ☐ ☐
SHOOT OR ACIDIZE ☒ ☐
REPAIR WELL ☐ ☐
PULL OR ALTER CASING ☐ ☐
MULTIPLE COMPLETE ☐ ☐
CHANGE ZONES ☐ ☐
ABANDON* ☐ ☐
(other) OPEN ADD'L BLINEBRY PAY

5. LEASE
LC-031695 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
WARREN UNIT Bl. Hyl
9. WELL NO.
33
10. FIELD OR WILDCAT NAME
BLINEBRY / TURB
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 27, T-20S, R-38E
12. COUNTY OR PARISH
LEA
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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. SET RBP @ 6150'. SPOT 8 BBLs 15%
HCL-NE-FE. PERF W/2 JSPF @ 5900', 02', 06',
16', 21', 28', 31', 35', 43', 47', 6003', 05', 09', 12', 15', 19', 72',
76', 79', 84', 89', 93' (TOTAL 44 PERFS). SET PKR @ 5875'.
ACIDIZE PERFS W/105 BBLs PAD ACID (50% XYLENE +
50% OF 15% HCL-NE-FE). FLUSH W/26 BBLs TFW.
SWAB. INHIBIT W/1 DRUM CHEMICAL IN 25 BBLs
TFW. FLUSH W/86 BBLs TFW. REL PKR. REL RBP.
RUN PRODUCTION EQUIPMENT. TEST.

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

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

SIGNED David R. Glass TITLE Administrative Supervisor DATE 11/3/83

APPROVED

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 1 1983

RECEIVED
DEC 5 1983
O.C.D.
HOBS OFFICE