Form 9-331 Dec. 1973

REPAIR WELL

PULL OR ALTER CASING

(other) RE-PERF SAME

CONDITIONS OF APPROVAL, INCAND

MULTIPLE COMPLETE CHANGE ZONES ABANDON*

N. M. OIL CONS. Paralission P. O. BOX 1980 HOBBS_NEW_MEXICO 88240

Form Approved. Budget Bureau No. 42-R1424

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LEASE			
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(NOTE: Report results of multiple

change on Form 9-330.)

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE LC-063458 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
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.)	7. UNIT AGREEMENT NAME NMFU 8. FARM OR LEASE NAME		
1. oil gas well other 2. NAME OF OPERATOR	9. WELL NO. 48		
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: 2030 FNL + 1980 FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	10. FIELD OR WILDCAT NAME FAREA SLINEBRY JUBB 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 26, T-205, R-38E 12. COUNTY OR PARISH 13. STATE LEA NM 14. API NO.		
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF	15. ELEVATIONS (SHOW DF, KATE AND)		

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.)* PKR. PERF W/2 JSPF@ 5891 REL 97, 6001, 59, 65, 71, 78, 6553, 57, 67, 98, 73,87,94,6699', + W/I JSPF@ 5885', . ACIDIZED 6551'- 6701' W/80 BBLS PAD ACID. FLUSHED W/47 BBLS TFW. SWBD. SET RBP @ 6119' + PKR @ 5720'. ACIDIZED 5882'-6078' W/100 BBLS PAD ACID. FLUSHED W/47 BBLS TFW. SWBD. PKR + RBP. RAN DUAL PRODUCTION EQUIPMENT BLINEBRY PMPD 21 BD, 10 BW, 4 PMPD 2 BO, 0 BW, + 33 ′ସଧ MCF 9 Subsurface Safety Valve: Manu. and Type Set @ __ 18. I hereby, certify that the foregoing is true and correct Administrative Supervisor TITLE _ DATE (This space for Federal or State office use) PETER W. CHESTER APPROVED BY DATE

1 1984