

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 + 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) ☐

SUBSEQUENT REPORT OF:

☐
☐
☒
☒
☐
☐
☐
☐
☐

5. LEASE
LC - 031670 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
BURGER B-20
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
TUBB / B LINEBRY
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 20, 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.)

RECEIVED
JUL 29 10 51 PM '83
BUREAU OF LAND MANAGEMENT
ROSWELL, NEW MEXICO

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 6/2/83. SET RBP@ 6193' + PKR @ 5750'. SPOT 8' SAND ON TOP OF RBP. PERF W/4 JSPF @ 5669'. SET RBP@ 5805' w/8' SAND ON TOP. SET PKR @ 5400'. SPOT 6 BBLs 15% NE-HCL @ 5660' + SQUEEZE W/50 SXS CLASS "C". SIDN. DRILLED CMT 5480'-5660' + TESTED TO 1500 PSI. RESET PKR @ 5385'. SQUEEZE W/50 SXS CLASS "C". SIDN. DRILLED CMT 5548'-5660' + TESTED TO 1500 PSI. RESET PKR @ 6160'. ACIDIZED TUBB 6488'-6638' w/60 BBLs 15% HCL-NE-FE + 46 BBLs TFW. SWABBED. RAN PRODUCTION EQUIPMENT. PUMPED 12 BO + 235 BW IN 24 HRS ON 7/11/83. GAS TSTM.

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

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

SIGNED W. A. Lutter TITLE Administrative Supervisor DATE 7/27/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

AUG 19 1983

*See Instructions on Reverse Side

100

RECEIVED
AUG 22 1983
O.C.D.
HOBBS OFFICE