

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 ☒ gas ☐ 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: 660' FSL + 660' 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:

☐
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☐
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☐
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☐
☐

5. LEASE

LC-031621 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
BRITT B

9. WELL NO.
26

10. FIELD OR WILDCAT NAME
MONUMENT TUBB / PADDOCK

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 15, T20S, R37E

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 4/23/84. CD TO 6578'. SET RBP @ 6540' + PKR @ 6200'. ACIDIZED 6323'-6513' w/12 BBLS XYLENE IN 78 BBLS 15% HCL. FLUSHED w/31 BBLS TFW. SWBD. RESET RBP @ 5230' + PKR @ 5107'. ACIDIZED 5158'-5191' w/3 BBLS XYLENE IN 12 BBLS 15% HCL. FLUSHED w/228 BBLS TFW. SWBD. REL PKR + RBP. INHIBITED w/1 DRUM CHEMICAL. FLUSHED w/75 BBLS 2% KCL. PMPD 11 BO, 57 BW, + 67 MCF 5/16/84.

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

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 6/7/84

(This space for Federal or State office use)

APPROVED BY [Signature] DATE JUN 8 1984
CONDITIONS OF APPROVAL IF ANY:

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side