N. M. OIL COMS. COMMISSION -P. O. BOX 1980

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES HOBBS, NEW MEXICO 88220SE

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 660 FSL 660 FWL AT TOP PROD. INTERVAL: 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 COTHER CONSES ABANDON* (other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent duding estimated date of starting any proposed work. If well is directionally drilled, give subsurface lor measured and true vertical depths for all markers and zones pertinent to this work.)* MIRU 4/8/82. Set pkr b405, RBP6530. Acidize w/1000 gals 15% acid. Refuge w/1 JSPFat 6323, 38, 46, 72, 82, 88, 96, 98, 6404, 08, 13, 18. Acidize w/2666/s 15% acid. Returned to production. Test 4/22/82: 18 BOPD, 84MCFPD. Subsurface Safety Valve: Manu. and Type Set @ Subsurface Safety Valve: Manu. and Type	DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR CONOCO INC. 3. ADDRESS OF OPERATOR P.O. BOX 450, MODES, N.M. 88240 P.O. BOX 450, MODES, N.M. 88240 A. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below) AT SURFACE: 660 FSL & 660 FSL	(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.)	8. FARM OR LEASE NAME
AT SURFACE: 660 FSL 66	well well other 2. NAME OF OPERATOR CONOCO INC. 3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 26 10. FIELD OR WILDCAT NAME Monument Tubb 11. SEC., T., R., M., OR BLK. AND SURVEY OR
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* (cother) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent including estimated date of starting any proposed work. If well is directionally drilled, give subsurface for measured and true vertical depths for all markers and zones pertinent to this work.)* MIRU 4/8/82. Set pkr b405, RBP 6530'. Acidize w/ 1000 gals 15% a. Acid frac w/ 4200 gals 28% oxid. Perfed w/ 1 JSPFat 6323', 38', 46', 72', 82', 88', 96', 98', 6404', 08', 13', 18'. Acidize w/ 26 bbls 15% oxid. My gelled blaid, 100 bbls, 28% oxid. Returned to production, Test 4/22/82: 18 BOPD, 84MCFPD. Subsurface Safety Valve: Manu. and Type Set @	below.) AT SURFACE: 660 FSL & 660 FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	Sec/5, T-205, R-38E 12. COUNTY OR PARISH 13. STATE Lea NM
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent including estimated date of starting any proposed work. If well is directionally drilled, give subsurface local measured and true vertical depths for all markers and zones pertinent to this work.)* MIRU 4/8/82. Set pkr 6405, RBP 65:0. Acidize w/ 1000 gals 15% and first w/ 4200 gals 28% ocid. Perfect w/ 1 JSPFat 6323, 38, 46, 72, 82, 88, 96, 98, 6404, 08, 13, 18. Acidize w/ 2666 s 15% ocid. If yelled fluid, 10066 s 28% ocid. Returned to production. Test 4/22/82: 18 BOPD, 84MCFPD. Subsurface Safety Valve: Manu. and Type	REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES SUBSEQUENT REPCRT OF: SUBSEQUENT REPCRT OF: 10 10 2 10 2 10 2 10 2 10 2 10 2 10 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	
	including estimated date of starting any proposed work. If well is dir measured and true vertical depths for all markers and zones pertinent MIRU 4/8/82. Set pkr b405, RBP 6530. Acid Acid frac of 4200 gals 28% acid. Perfed of 1 72,82,88,96,98,6404,08,13,18. Acidize of 9elled blaid, 100 bbls. 28% acid. Returned	rectionally drilled, give subsurface locations and to this work.)* lize of 1000 gals 15% acid. JSPFat 6323, 38, 46, 60, 12666/s 15% acid. Frac
SIGNED ACCEPTED FOR RECORD Space for Federal or State office use) APPROVED BY PETER W. CHESTER TILE DATE CONDITIONS OF APPROVAL, IF ANY:	18. I hereby certify that the foregoing is true and correct SIGNED TITLE Administrative Supervisor ACCEPTED FOR RECORD space for Federal or State office APPROVED BY PETER W. CHESTER TITLE	ce use)

U.S. GEOLOGICAL SURVEY

ROSWELL, NEW MEXICOsee Instructions on Reverse Side

JUL 15 1982