

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 <input checked="" type="checkbox"/> gas well <input type="checkbox"/> other <input type="checkbox"/>	5. LEASE LC-031740(6)
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	7. UNIT AGREEMENT NAME NMFU
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 2970' FSL & 330' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	8. FARM OR LEASE NAME Meyer B-4
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF REPORT, OR OTHER DATA	9. WELL NO. 3
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> SHOOT OR ACIDIZE <input checked="" type="checkbox"/> REPAIR WELL <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> CHANGE ZONES <input type="checkbox"/> ABANDON* <input type="checkbox"/> (other) <input type="checkbox"/>	10. FIELD OR WILDCAT NAME Eunice Monument (G-SA)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-21S, R-36E
	12. COUNTY OR PARISH Lea
	13. STATE NM
	14. API NO.
	15. ELEVATIONS (SHOW DF, KDB, AND WD)

RECEIVED

JAN 30 1981

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

(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.)*

CO to 3867'. String shoot open hole from 3867'-3767'. Set pkrt at 3700'.
Acidize Eunice Monument (G-SA) as follows: Pump 120 bbls 15% HCL-NE-FE.
Divert w/ 500# 50% rock salt & 50% Benzoic flakes in 335 gals 10ppg brine.
Flush w/ 50 bbls. KCL water. Swab back load. Chemically inhibit w/
3 drums chemical in 30 bbls TFW. Release pkr. Place well on production.
Test.

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

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

SIGNED Wm E. Butler TITLE Administrative Supervisor DATE January 29, 1981

(This space for Federal or State office use)

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

45665
NMFU 4
FILE

*See Instructions on Reverse Side

APPROVED
FEB 2 1981
DISTRICT SUPERVISOR