

UNITED STATES M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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 ☐
well well

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: 2200' FSL & 440' FEL
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
88240 LC-031740(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
Meyer B-4

9. WELL NO.
5

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)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

1983

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 4-4-83. CO OH to 3872'. GIH w/ 700 grain string shot. shoot section from 3772' to 3872'. CO to 3872'. Set pkr. @ 3697'. Acidize w/ 50 BBL 15% HCL-NE-FE acid. Pump 252 gal of 10 ppg brine w/ 200# rocksalt & 200# benzoic flakes w/ 15# guar gum plus 1260 gal TFW. Swab. Chemical inhibit OH w/ one drum chemical mixed in 250 gal. 10# brine mixed w/ 400# diverting agent plus 210 BBL 2% KCL TFW for flush. Rel. pkr. Run production equipment. Test.

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

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

SIGNED Greg Perry TITLE for Administrative Supervisor DATE 4/28/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

AUG 23 1983