

N. M. OIL COM. COMMISSION
P. O. BOX 1800
HOBBS, NEW MEXICO 88240

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 ☐
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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) _____

5. LEASE

LC-031740(6)

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-5A

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

Sec. 4, T-21S, R-36E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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.)*

CO OH to 3880'. GIH w/100' of 700 grain string-shot and shoot OH from 3880'-3780'. Set pkr @ 3700'. Acidize OH in two stages w/100 bbls 15% HCL-NEFE. Pump 400lbs diverting agent and flush w/30 bbls 2% KCL TFW. Swab. Chemically inhibit OH w/one drum chemical mixed in 10 bbls 2% KCL TFW. Pump 210 bbls 2% KCL TFW and 400lbs diverting agent. 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: [Signature]

TITLE: Administrative Supervisor

DATE: 2-9-83

APPROVED BY: (C. J. P.) PETER W. CHESTER

(This space for Federal or State office use)

APPROVED BY: _____

TITLE: _____

DATE: _____

CONDITIONS OF APPROVAL, IF ANY:

FEB 14 1983

FOR

JAMES A. GILLHAM

DISTRICT SUPERVISOR

*See Instructions on Reverse Side

RECEIVED

FEB 17 1983

O.C.D.
HOSES OFFICE