Form 9-331 Dec. 1973

1. oil

well

gas

well

AT TOP PROD. INTERVAL:

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)

3. ADDRESS OF OPERATOR N.M. 88240 P. O. Box 460, Hobbs, N.M. 88240

2. NAME OF OPERATOR CONOCO INC.

AT TOTAL DEPTH:

AT SURFACE: 4620' FSL 9-660' FEL

N. M. OIL CONS. COMMISSION P. O. BOX 1980 Form Approved. -Budget Bureau No. 42–R1424 HOBBS, NEW-MEXICO 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 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.) 9. WELL NO 10. FIELD OR WILDCAT NAME Junice Monument 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE. 15. ELEVATIONS (SHOW DF, KDB, AND WD) SUBSEQUENT REPORT OF: MAR 2 1 1983 OIL & GAS MINERALS MOMT. SERVICE 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent described by the 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.)* Clean out OH to 3860! String shoot OH from 3860'-3780! CO to 3860! Spot 2665 15% HCL-NE-FE from 3860-3776! DATE

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

other

Set pk @3700! Acidize 3860-3752 W190 Nbb 152 HCL-NE-FE. Pump 25 lbs graded rock salt in 466/5 10 PPG brine water W 10165 guar gum. Flush W25666 22 KCL TEW Swab. Chemically Inhibit 3860'-3252' W one drum chemical mixed in 22066/5 290 KCL TEW. Pump 250 ibs graded rock salt mixed in 466/s 10PPGbrine water WID Ibs guar gum Rel pkr. Run production equip. Test. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct TITLE Administrative Supervisor SIGNED M (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: MAR 2 2 1983 FOR JAMES A. GILLHAM *See Instructions on Reverse Side

MAR 23 1983
MOSE CD.

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