

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 gas ☐ well other

2. NAME OF OPERATOR
CONOCO INC.

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 3300' FSL & 1980' 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* ☐

SUBSEQUENT REPORT OF:

Clean Out & Inhibit ☒

5. LEASE

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.

8

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.)

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 3-28-83. CO OH from 3842' to 3852'. String shot OH from 3762'-3852' w/700 grains prima cord. Set pkr. @ 3690'. Acidize OH section w/100 BBL. 15% HCL-NE-FE acid & 126 gal of 10 ppg brine w/200# rocksalt & 10# guar gum. Flush w/1470 gal TFW. Swbd. Chemical inhibit w/onedrum chemical mixed w/110 BBL of 10 ppg. brine w/200# rocksalt & 10 bbl guar gum plus 210 gal. of TFW. 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 Administrative Supervisor DATE 4-28-83

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

ACCEPTED FOR RECORD

SEP 09 1983

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO

RECEIVED

SEP 12 1983

O.C.D.
HOBBS OFFICE