

N. M. OIL CONS. COMMISSION

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

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: 660' FNL & 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* ☐

(other) Clean Out ☒

SUBSEQUENT REPORT OF:

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5. LEASE

LC-031740(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFH

8. FARM OR LEASE NAME

Meyer B-4

9. WELL NO.

18

10. FIELD OR WILDCAT NAME

Eunice Monument (G-54)

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

Sec. 4 T-215 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.)

MAR 18 1983

OIL & GAS

MINERALS MGMT. SERVICE

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 2-21-83. Tag solid @ 3814' PBTD @ 3831' Test 2 3/8" tbg in hole 10 stds at a time to 800 psi. Found one hole 21 jts from SN. Tag @ 3811'. Try to fixed standing valve. WL pulled in two. Remove WL & SV. Tag @ 3811'. CO to 3813'. Ran production equipment, SN @ 3770'. Tested 3-12-83 380, 19BW & 20MCF in 22 hrs.

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

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

SIGNED

W. A. Butler

TITLE Administrative Supervisor

DATE

3-16-83

APPROVED BY
CONDITIONS OF

ACCEPTED FOR RECORD (This space for Federal or State office use)

TITLE

DATE

APPROVAL IF ANY:

MAR 17 1983

MINERALS MANAGEMENT SERVICE
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

MAR 21 1983

G.C.D.
HOBBS OFFICE