

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: 1980' FNL + 1980' FWL
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) ACIDIZE + INHIBIT ☒

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5. LEASE
LC-031740 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
MEYER B-8
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
EUNICE MONUMENT (G/SA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 8, 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.)

DEPT. OF LAND MANAGEMENT
RECEIVED
DEC 1 1983
DIST. 6 N. M.
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 11/1/83. TREATED OH w/ 20 BBLs 15%
HCL-NE-FE. FLUSHED w/ 60 BBLs 2% KCL.
PMPD 2 DRUMS CHEMICAL w/ 20 BBLs TFW.
FLUSHED w/ 200 BBLs TFW. RAN PROD EQUIP.
PMPD 58 BO, 39 BW, + 4 MCF IN 24 HRS
11/11/83.

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

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE 12/20/83

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: OK 1 1984

RECEIVED
MAR 2 1984
C.C.D.
HOBBS OFFICE