

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:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☐  
☐  
☒  
☐  
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☐  
☐

5. LEASE

LC-031740(6)

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.)

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 1-31-83. String shot OH section 3770'-3870'  
w/700 grains of prima cord. Set pkr @ 3686'. Acidize  
Grayburg intervals (3770'-3870') w/30 bbls acid, 350# diverting  
agent & 40 bbls 2% TFW for flush. Chemically inhibit 3770'-  
3870' w/5 bbls chemical mixture and 100 bbls 2% KCL TFW  
w/4 1/2 gals DP 61. Diverted w/600# rock salt. Ran production  
equipment. Tested 2-13-83: 46 BO, 122 BW & 18 MCF in 24 hrs.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm R. Butterfield TITLE Administrative Supervisor DATE 2/17/83

(ACCEPTED FOR RECORD use)

APPROVED BY \_\_\_\_\_ TITLE RJP DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

JUL 6 1983

FEB 18 1983

REC

RECEIVED JUL

JUL 8 1983 HO

O.C.D.  
ROBBS OFFICE