

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 ☐
well well other

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 9-1980' FNL
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-5A)

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

Sec. 8, T-215 R-36 E

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.)*

Clean out open hole section to 3820'. String shoot OH section from 3820'-3770'. Set pkr @ 3700'. Acidize (3744'-3820') in two stages w/ 60 bbls 15% HCL-NE-FE. Pump 350 lbs diverting agent mixed in 6bbls 10PPG brine wtr w/ 10lbs guar gum. Flush w/ 40 bbls 2% KCL TFW. Swab. Chemically inhibit (3744'-3820') w/ 1 drum chemical in 10bbls 2% KCL TFW. Pump 200bbls 2% KCL TFW. Pump 350 lbs diverting agent mixed in 6bbls 10PPG brine wtr w/ 10lbs guar gum. 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

W. A. Gillham

TITLE Administrative Supervisor

DATE

1-14-83

APPROVED BY
CONDITIONS

APPROVED
(This space for Federal or State office use)
JAN 18 1983
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

TITLE

See Instructions on Reverse Side

RECEIVED
JAN 17 1983

OIL & GAS