N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form 9-331
Dec. 1973

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 well ☑ gas 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 & 660'FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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.
3

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)

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)			

RECEIVED
NOV 26 1982
OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

(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 11-3-82. Spot 150 gals 15% HCL-NE-FE acid. Set pkr @3704'. Acidize Eunice Monument w/2520 gals 15% HCL-NE-FE acid in 2 equal stages. Dive & between stages w/150# rocksalt & 150# benzoic flakes in gelled brine. Swab. Pump scale inhibitor squeeze in 2 stages. Disp w/105 BTFW. Pump 150# rocksalt & 150# benzoic flakes in gelled brine. Pump remaining chem & flush w/105 BTFW. Rel pkr. Ran production equipment and placed well on production. Tested 11-15-82: 72BO, 66BW, 40MCF in 24 hrs.

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

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

SIGNED C. E. Bingham TITLE Administrative Supervisor DATE 11-24-82

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER
SEP 29 1983

*See Instructions on Reverse Side