

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' FSL & 990' 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 <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) _____ | |

5. LEASE

LC-032099(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFLU

8. FARM OR LEASE NAME

LOCKHART A-18

9. WELL NO.

6

10. FIELD OR WILDCAT NAME

Eumont Yates 7 Rvrs. Queen

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

Sec. 18, 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.)

APR 22 1983

OIL & GAS
MINERALS INT. SERVICE
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 3-26-83 CO from 3837'-3891' TD. Set pkr. @ 3712'.

Acidize OH 3775'-3891' w/ 2100 gals. 15% HCL-NE-FE.

Pumped 12 bbls. 10# brine, 10# guar gum / 1000 gal., 500# rock salt. Flush w/ 25 bbls. 2% KCL TFW. Swbd. 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 Wm A. Butterfield TITLE Administrative Supervisor DATE 4-20-83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 13 1983

RECEIVED
JUL 15 1983
G.C.D.
HOBBS OFFICE