

COPY TO O. C. C.

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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: 660' FNL & 660' FEL

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) ☐☐
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NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
HOBBS, 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.)*

It is proposed to clean out, perforate, & chemically inhibit subject well as follows: MIRU & kill well. Clean out to 3914'. Spot 126 gals. 15% HCl-NE from 3914' to 3777'. Perforate 3812'-3821', 3846'-3851', 3870'-3873', 3877'-3880', 3882'-3888', 3890'-3902' w/ 1 JSPF (43 shots). Set treating pk. @ 3750'. Pump in 3948 gal. 15% HCl-NE in 2 stages. Follow w/ 25 bbls. 2% KCl TFW. Chemically inhibit G-SA formation w/ 3 drums TH-814 & 3.5 gal. TC-120 in 30 bbls. TFW. GHT w/ production equipment, landing SN @ 3830'. Resume production. Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. A. Butler TITLE Admin. Supervisor DATE 11/9/80

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:USGS-5
NMFU-4
FILE

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AKJ
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

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