

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: 990' 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:

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

SUBSEQUENT REPORT OF:

☐
☐
☒
☐
☐
☐
☐
☐
☐
(other) CLEAN OUT + INHIBIT

5. LEASE NO.

LC-031740 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
MEYER A-1

9. WELL NO.
15

10. FIELD OR WILDCAT NAME
EUNICE MONUMENT (G-SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 17, 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 ON 5/9/83. TAGGED FILL @ 3999'. STRING SHOT OH FROM 3926' TO 3996'. CO TO 4000'. SET PKR. @ 3813'. ACIDIZED OH 3885' TO 4000' W/ 90 BBLs 15% HCL-NE-FE. PUMPED 500 LBS ROCKSALT MIXED IN 5 BBLs 10 PPG BRINE WATER W/ 10 LBS GUAR GUM. FLUSHED W/ 90 BBLs 2% KCL TFW. SWABBED. CHEMICALLY INHIBITED 3885' TO 4000' W/ 1 DRUM CHEMICAL MIXED IN 131 BBLs 2% KCL TFW. PUMPED 500 LBS ROCKSALT MIXED IN 7.5 BBLs 10 PPG BRINE WATER W/ 10 LBS GUAR GUM. REL PKR. RAN PRODUCTION EQUIPMENT. PUMPED 15 BD, 95 BW, + 37 MCF IN 24 HRS ON 6/8/83.

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 6/13/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 13 1983

*See Instructions on Reverse Side

RECEIVED
SEP 14 1983
O.C.D.
HOBBS OFFICE