

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 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)

RECEIVED

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

MAR 30 1983

OIL & GAS
MINERALS UNIT, 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.)*

C.O. OH. to 3996'. String shoot OH from 3996' to 3926'. C.O. OH. to 3996'. Spot 4 bbl. 15% HCL-NE-FE from 3996' to 3902'. Set pkr. @ 3870'. Acidize OH (3908'-3996') w/ 90 bbl. 15% HCL-NE-FE. Pump 300 lbs. graded rock salt mixed in 5 bbls. 10 ppg. brine water. w/ 10 lbs. guar gum. Flush w/ 25 bbls. 2% KCL TFW. Swab. Chemically inhibit 3908'-3996' w/ 1 drum chemical mixed in 140 bbls. 2% KCL TFW. Pump 300 lbs. graded rock salt mixed in 5 bbls. 10 ppg. brine water. w/ 10 lbs. guar gum. Rel. pkr. @ 3870'. Run production equipment. Test.

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

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 3-29-83

APPROVED

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

MAR 30 1983

FOR

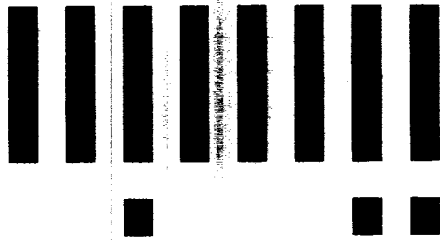
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

RECEIVED

APR 1 1983

O.C.D.
HOBBS



LTR



Job separation sheet

NO. OF COPIES RECEIVED	
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LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I. Operator
Conoco Inc.
Address
P.O. Box 460, Hobbs, New Mexico 88240
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain)
Change of corporate name from Continental Oil Company effective July 1, 1979.

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Meyer A-1	Well No. 15	Pool Name, Including Formation Eunice Monument (G-SA)	Kind of Lease State, Federal or Fee	Lease No. LC 031740 (a)
Location Unit Letter M ; 990 Feet From The S Line and 990 Feet From The W Line of Section 17 Township 21-S Range 36-E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Shell Pipeline Co.	Address (Give address to which approved copy of this form is to be sent) Box 1910, Midland Texas					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corp.	Address (Give address to which approved copy of this form is to be sent) Tulsa, Oklahoma					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest.	Diff. Rest.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)


Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

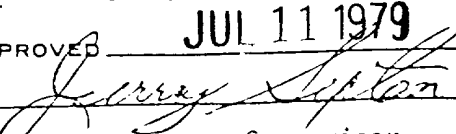
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)
Division Manager
(Title)
6-13-79
(Date)

NMOCD (5)

USGS(2) NMFC(4) FILE

OIL CONSERVATION COMMISSION

APPROVED JUL 11 1979, 19
BY 
TITLE District Supervisor

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.