

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: 2310' FNL + 2310' 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\* ☐  
(other) ☐

SUBSEQUENT REPORT OF:

☐  
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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.  
10  
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.)

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DEC 14 9 36 AM '83  
BUREAU OF LAND MANAGEMENT  
ROSWELL DISTRICT

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 location and measured and true vertical depths for all markers and zones pertinent to this work.)\*

MIRU 11/1/83. SHOT OH 3855'-3955'W/100' OF 700 GRAIN STRING-SHOT. CO 3935'-3955'. SET PKR @ 3749'. ACIDIZED OH W/A TOTAL OF 100 BBLs 15% HCL-NE-FE, 300 LBS ROCKSALT MIXED IN 5 BBLs 10 PPG BRINE, + 40 BBLs 2% TFW. PUMPED 22 BBLs UNICHEM TH-764 W/20 BBLs 2% TFW, 300 LBS ROCKSALT MIXED IN 5 BBLs 10 PPG BRINE, + 130 BBLs 2% TFW. REL PKR. RAN PRODUCTION EQUIPMENT. PUMPED 9 BO, 34 BW, + 2 MCF IN 24 HRS ON 11/16/83.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Peter W. Chester TITLE Administrative Supervisor DATE 12/12/83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL IF ANY:

PETER W. CHESTER

MAR 1 1984

RECEIVED

MAR 7 1984

O.C.D.  
HOBBS OFFICE