

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: 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.)

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. CO OH TO 3955'. SHOOT OH 3855'-3955' w/100' OF 700 GRAIN STRING-SHOT. CO TO 3955'. SET PKR @ 3750'. ACIDIZE 3834'-3955' w/A TOTAL OF 100 BBLs 15% HCL-NE-FE, 300 LBS ROCKSALT MIXED IN 5 BBLs 10 PPG BRINE w/10 LBS GUAR GUM, + 40 BBLs 2% KCL TFW. SWAB. INHIBIT 3834'-3955' w/2 DRUMS CHEMICAL MIXED w/20 BBLs 2% KCL TFW, 300 LBS ROCKSALT MIXED IN 5 BBLs 10 PPG BRINE w/10 LBS GUAR GUM, + 130 BBLs 2% KCL TFW. REL PKR. CO TO 3955'. 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 8/9/83

(Orig. Sgd.) PETER W. CHESTER (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SEP 20 1983