

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: 660' FSL & 1980' FWL
AT TOP PROD. INTERVAL: —
AT TOTAL DEPTH: —

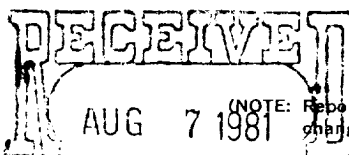
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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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OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

5. LEASE

LC-031740(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMELL

8. FARM OR LEASE NAME

Meyer A-1

9. WELL NO.

16

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)

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.)*

CD to 3966'. String shoot from 3966'-3866'. CD to 3966'. Set pk. at 3775'.
Acidize as follows: Pump 141 bbls. 15% HCL-NE-FE in 3 stages. Divert between stages w/
300 lbs. 50/50 rock salt and benzoic flakes in 200 gals. 10ppg brine. Flush w/
50 bbls. 2% KCL TFW. Swab. Chemically inhibit w/ 2 drums chemical in 20 bbls
TFW. Flush w/ total of 592 bbls. TFW. 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. Gillham TITLE Administrative Supervisor DATE August 4, 1981

APPROVED

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY _____ DATE _____
CONDITIONS OF APPROVAL, AUG 14 1981

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side