

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: 1980' FSL AND 660' 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) Chemical inhibit

5. LEASE
LC-031740 (a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFLU
8. FARM OR LEASE NAME
Meyer A-1
9. WELL NO.
12
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.)

APR 14 1983

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. to 3954'. String shot OH from TD to 3855'. Set pkr @ 3775'.
Acidize w/ 80 BBL 15% HCL-NE-FE in 2 equal stages. Divert between stages w/ 150 lbs rocksalt & 150 lbs benzoic acid flakes. Swab. Pumped 55 gal. chemical mixed w/ 10 BTFW in 2 equal stages. Divert between stages w/ 150 lbs rocksalt and 150 lbs. benzoic acid flakes. Rel. pkr. Run production equipment. Tested 72 BO, 47 BW, & 71 MCF.

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 4-12-83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 09 1983

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO