Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 [X] 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'FNL & 660'FWL
AT TOP PROD. INTERVAL: —
AT TOTAL DEPTH: —

5. LEASE
LC-032094(b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
EUNICE
8. FARM OR LEASE NAME
Eunice Monument South Unit
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Eunice Monument South Rivers Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T-21S, R-36E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	[ ]		[ ]
FRACTURE TREAT	[ ]		[ ]
SHOOT OR ACIDIZE	[X]		[ ]
REPAIR WELL	[ ]		[ ]
PULL OR ALTER CASING	[ ]		[ ]
MULTIPLE COMPLETE	[ ]		[ ]
CHANGE ZONES	[ ]		[ ]
ABANDON*	[ ]		[ ]
(other)			

(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.)*

CO to 3930'. String shoot from 3810' to T.D. CO to 3930'. Set pkr at 3750'. Acidize as follows: Pump 130 bbls. 15% HCL-NE-FE in two stages. Divert between stages w/ 500# 50/50 benzoic acid and rock salt in 10ppg brine. Flush w/ 30 bbls. TFW. Corrosion Chemically Inhibit w/ 2 drums chemical in 20 bbls. TFW. Flush w/ 77 bbls. TFW. Place on production. Test.

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

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

SIGNED Wm A. Rutherford TITLE Administrative Supervisor DATE April 30, 1982

(This space for Federal or State office use)

APPROVED
(Orig. Sgd.) PETER W. CHESTER
MAY 3 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

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

See Instructions on Reverse Side