

N. M. OIL & GAS COMMISSION  
P. O. BOX 1000  
HOBBS, NEW MEXICO 88240  
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 ☐  
well well other2. NAME OF OPERATOR  
CONOCO INC.3. ADDRESS OF OPERATOR  
P.O. Box 400, Hobbs, N.M. 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1980' FNL &amp; 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\* ☐(other) Inhibit

SUBSEQUENT REPORT OF:

☐☐☒☐☐☐☐☐☒

5. LEASE

LC-032099(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Lockhart A-30

9. WELL NO.

9

10. FIELD OR WILDCAT NAME

Eumont Yates 7 Rvrs. Queen

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 30, T-21S, R-36E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

30-025-04840

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 from 3922'-3926'. Set pkr. @ 3735'. Acidize w/5040 gals. 15% HCL acid. Chemical inhibit w/420 gals. 2% KCL TFW. Rel pkr. @ 3835'. Run prod. equipment & test. Pmpd. 9 BO, 6 BW & 271 MCF in 24 hours on 11/2/84.

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

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

SIGNED

David A. Smyth

TITLE

Administrative Supervisor

DATE

12/3/84

(This space for Federal or State office use)

APPROVED BY

GW

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

DEC 1984

Carlsbad

\*See Instructions on Reverse Side