

UNITED STATES DEPT. OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ALBUQUERQUE, NEW MEXICO 87104

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 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: 330' FNL + 990' 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-032099 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

LOCKHART B-31

9. WELL NO.

10. FIELD OR WILDCAT NAME

JALMAT YATES 7 RVRS.

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

SEC. 31, T21S, R36E

12. COUNTY OR PARISH 13. STATE

LEA 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 3/4/84. CD TO 3990'. SET PKR @ 3311'.
ACIDIZED 3344'-3990' w/58 BBLS 15% HCL-NE-FE,
9 BBLS 9 PPG BRINE, 40 LBS GUAR GUM, + 600 LBS ROCK
SALT. FLUSHED w/14 BBLS TFW. INHIBITED w/1 DRUM
CHEMICAL IN 10 BBLS TFW. FLUSHED w/.245 BBLS
TFW. REL PKR. WELL PMPD 0 BD, 201 BW, +
1 MCF IN 24 HRS 4/10/84.

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

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

SIGNED W. A. Heisterkamp TITLE Administrative Supervisor DATE 5/7/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

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

MAY 10 1984

Carlsbad

*See Instructions on Reverse Side
NEW MEXICO

RECEIVED

MAY 14 1984

O.C.D.
HOBBS OFFICE