

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COMMISSION
P. O. BOX 1930
HOBBS, NEW MEXICO

Form Approved.
Budget Bureau No. 42-R1424

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 ☐ other ☐
well well

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 & 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

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63240
LEASE

LC-031741 (9)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Hawk A

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Blinbry / Drinkard

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

AREA

Sec. 4, T-21S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

RECEIVED

(NOTE: Report results of multiple completion or zone changes on Form 9-331-C.)

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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 10-29-82. Set BP @ 6296' and pkr @ 5697'. Acidize Lower Blinbry. Swab Set new RBP @ 5810'. Spot 3 bbls 15% HCL-VE-FE from 5281' - 5658'. Perforate w/1 JSPF 5691', 5703', 12', 21', 30', 36', 43', & 5751'. Set pkr @ 5547'. Treated Upper Blinbry perfs 5691'-5751' w/16 bbls 15% HCL-VE-FE acid. Flushed w/40 bbls 2% KCL TFW. Sand frac Blinbry perfs w/13,018 gals of 40# gelled TFW. 25,431 # 20/40 sand & 5,994 # 10/20 sd. Flushed w/32 bbls 40# gelled TFW. Swab. Set Plug. Ran production equipment and placed well on production. Tested 11-16-82 1280, 1350 in 24 hrs. Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED A. E. Bingham TITLE Administrative Supervisor

DATE 11-24-82

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

JAN 17 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side