

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 ☒ 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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(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.)*

10/17/80 MIRC. Kill well w/ brine wtr. Remove fish from hole. Drill out pkr. & CO hole to 6698'. Circ. hole. Poot w/ workstring, DC's, bit. GIH w/ RBP & pkr. RBP at 5785', pkr at 5754'. Test csg. Held ok. Reset BPat 6690'. Pkr at 6533'. Acidize Drinkard w/ 2100 gals 15% HCl, divert w/ 350# 50% rock salt & 50% Benzoic flakes w/ 233 gals 10ppg brine w/ 30# per 1000 gals guar gum. Flush w/ 4066 lbs TFW. Swab back load. Reset BPat 6250', pkr 5748'. Acidize Blinebry w/ 2100 gals 15% HCl, divert w/ 450# 50% rock salt, 50% Benzoic flakes, mixed w/ 300 gals. 10ppg brine w/ 30#/1000 gals guar gum. Pumped 2100 gals 15% HCl, Flush w/ 4066 lbs TFW. Swab back load. Poot w/ w/ pkr, SN, tbg. Pkr at 6565', SN at 6563'. Test Drinkard once a week for 4 weeks. Tested 6BO, 30 BW, 20 MCF 11/16/80. Blinebry to be tested next month.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED

D. E. Bingham

TITLE

Senior Analyst

DATE

Nov. 18, 1980

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 25 1980

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO