

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 ☒ 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' FSL & 660' FEL
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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☐
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☐
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☐
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☐

JAN 27 1983

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

CO to 6748'. Set RBP @ 6725'. Set pkr @ 6550'. Acidize Lower Drinkard (6630'-6708') w/ 90 bbls 15% HCL-NE-FE. Flush w/ 70 bbls 2% KCL TFW. Swab. Rel pkr. Reset RBP @ 6610'. Spot 4 bbls 15% HCL-NE-FE from 6586'-6484'. Log w/ PDC-CNL-GR from 6600'-5500'. Perf Upper Drinkard @ 6515', 21', 30', 34', 49', 58', 73', 75' & 6586' w/ 135 PF. Set pkr @ 6350'. Break-down (6515'-6586') w/ 27 bbls 15% HCL-NE-FE. Acid Frac (6575'-6586') w/ 339 bbls 40lb gelled fluid & 127 bbls 28% HCL-NE-FE. Swab. Rel pkr and RBP. Run production equipment. Test.

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

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

SIGNED James A. Gillham TITLE Administrative Supervisor DATE 1-26-83

APPROVED

(this space for Federal or State office use)

APPROVED BY (Orig. Sign) _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JAN 31 1983

FOR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side

RECEIVED

FEB 3 1983

O.C.D.
HOEBS OFFICE