Form 9-331 Dec. 1973

Form Approved.	
Budget Bureau No.	42-D145

UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	NM 25/2
GEOLOGICAL SURVES	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different	N.M.F.U.
reservoir. Use Form 9–331–C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas ugas other	Hawk B-1
2. NAME OF OPERATOR	9. WELL NO.
Conoco Inc.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR	
P.D. BOX 460, HOBES, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
 LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) 	AREA
AT SURFACE: 660' FSL & 1980' FEL	Sec. 8, T-2/5 R-37E 12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:	Lea NM.
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3503'GL
TEST WATER SHUT-OFF	
FRACTURE TREAT	
REPAIR WELL	(NOTE: Report results of multiple completion or zone
PULL OR ALTER CASING MULTIPLE COMPLETE	change on Form 9-330.)
CHANGE ZONES	
ABANDON*	
(other) plug Eumont Zone	
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 di measured and true vertical depths for all markers and zones pertinen	rectionally drilled, give subsurface locations and to this work.)*
It is proposed to squeeze off the Eumon	t zone to prevent downhole
Commingle. Note: Intend to MIRU 11/15/79	as verbal approval rec'd 11/14/7
Procedure: MIRU & Kill well if necessary.	
from 3860' to 3710'. Spot 55 SX. class "C	
out sand to top of RBP. Retrieve bridge p	The state of the s
3500' Swab test cmt squeeze & Check for f	fuid influx. If squeeze holds, Poo.
3500' Swab test cmt squeeze & Check for f, w/ phr & RBP & return Grayburg to production. Dto Subsurface Safety Valve: Manu. and Type	Lerwise, wait on revised procedure. Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED TWO A. Theretisting TITLE Admin. Super VI	SOC DATE 11/14/79
(This space for Federal or State office	"APPKOVED
APPROVED BY TITLE CONDITIONS OF APPROVAL, IF ANY:	DATE
us65-5	100 16 1979 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
NMFU-4 FILB	1 a R Stall - 1 12
	ACTING DISTRICT ENGINEER
*See Instructions on Reverse Si	de