Dec. 1973 Budget Bureau No. 42-R1424

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.)

RECEIVED
JUN 29 1981
U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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: 1980'FSL & 1980'FEL
   AT TOP PROD. INTERVAL:
   AT TOTAL DEPTH:

5. LEASE: NM-2512
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME: NMFU
8. FARM OR LEASE NAME: Hawk B-1
9. WELL NO.: 2
10. FIELD OR WILDCAT NAME: Blinebry Oil & Gas / Drinkard
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 9, T-21S, R-37E
12. COUNTY OR PARISH: Lea
13. STATE: NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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) DHC			✓

(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 5/14/81. Drilled out pkr. CO to 6702'. Set pkr at 6471'. Acidize Drinkard w/1300 bbls. 15% HCL-NE-FE in 3 stages. Diverted w/ total 1400# 50/50 rock salt & benzoic acid in 1000 gals. 10ppg brine. Flush w/ 65 bbls TFW. Swabed. Set RBP at 6050', pkr 5520'. Acidize Blinebry w/ 16 bbls. 15% HCL-NE-FE. Flush w/ 65 bbls. TFW. swabed. Ran production equipment. Tested 5/30/81: 4 BO, 41 BW, 59 MCF in 24 hours.

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

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

SIGNED Wm. A. Rutherford TITLE Administrative Supervisor DATE June 24 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
(Orig. Sgd.) PETER W. CHESTER
JUL 6 1981
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

See Instructions on Reverse Side