Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY TO O. C. C.

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: 1980'FNL & 660'FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
LC-031741(a)

5. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
Hawk A

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
Blinebry/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)		

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

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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.)*

GIH and drillout Model D pkr at 6475'. CO wellbore to 6635'. Set RBP at 6630', pkr. 6350'. Acidize Drinkard 6620'-6521' as follows: Pump 20 bbls. 15% HCL-NE-FE acid. Flush w/50 bbls. 2% KCL wtr. Reset RBP at 6100', pkr. 5600'. Acidize Blinebry 6001'-5787' as follows: Pump 20 bbls. 15% HCL-NE-FE acid. Flush w/50 bbls. 2% KCL wtr. Run equipment. Swab. Test.

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

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

SIGNED W. A. Rutherford TITLE Administrative Supervisor DATE March 10, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
for
MAR 13 1981
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side