

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: **460' FNL & 1930' 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:

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

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

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HOBBS, 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.)*

12/11/80 M.I.R.U. CO to 6785'. Re-perfs Drinkard w/1 JSPF 6560'-6720'.
Acidize w/54 bbls. 15% HCL-NE-FE. Flush w/65 bbls. 2% KCL wtr. Acid frac w/18,144
gals. 40 #gel, & 11,676 gals. 28% HCL-NE-FE. Acidize Blinebry 5745'-6017' w/total
84 bbls. 15% HCL in 2 stages. Divert w/200 #50% rock salt, & 50% benzoic flakes,
mixed w/135 gals. 10ppm brine. Flush w/55 bbls. 2% KCL wtr. Tested 1/16/81: Blinebry 4730,
25 BW, 104 MCF Drinkard 1/18/80: 1930, 4 BW, 34 MCF.

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

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE March 2, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD**MAR 4 1981****U. S. GEOLOGICAL SURVEY**
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