

N. M. OIL CONS. COMMISSION

P. O. BOX 1980

HOBBS, NEW MEXICO

Form 9-331
Dec. 1973

Form Approved.
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.)

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' FNL & 330' 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:

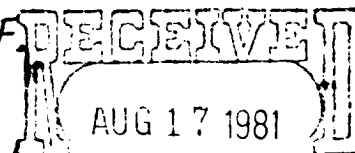
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5. LEASE
LC-032096(b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
Lockhart B-11
9. WELL NO.
9
10. FIELD OR WILDCAT NAME
Blinebry Oil & Gas
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 11, T-21S, R-37E
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.)

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.)*

SMIRU 6/22/81. Set pkr 5650'. Pmpd 120 bbls, 15% HCL-NE-FE in 4 stages. Divert between stages w/ 400# 50/50 Benzoic flakes and rock salt in 265 gals. 10ppg brine. Flush w/ 25 bbls TFW. Swab, Place back on production. Tested on 7/1/81: 12 BO, 3 BW, 47 MCF.



Subsurface Safety Valve: Manu. and Type _____

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO
Set @ _____ Ft.

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

SIGNED **R. E. Bingham** TITLE Administrative Supervisor DATE **August 11, 1981**

(This space for Federal or State office use)

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

