

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: **1980' FSL & 1980' 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) **squeeze Blinbry perfs** ☒

SUBSEQUENT REPORT OF:

- ☐
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☐
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☐
☐
☐

JUN 1 1981

(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.)*

Remove pkr at 6590'. CO to 6742'. Set RBP at 5950', cmt. retainer 5620'. Cmt. squeeze Blinbry perfs w/ 125 sk Class C cmt. Drill out retainer. Reset RBP at 6725'. Perf upper Drinkard at 6535', 37', 43', 44', 56', 57', 62', 64', 71', 72', 78', 79', 86', 6588' w/ 1 ISPF. Set pkr at 6605'. Acidize lower Drinkard w/ total of 108 bbls. 15% HCL-NE-FE. Divert between stages w/ 300# 50% rock salt & 50% Benzoic flakes in 10ppg brine. Flush w/ 80 bbls. 2% KCL TFW. Reset RBP at 6610', pkr. 6400'. Acidize upper Drinkard w/ 42 bbls. 15% HCL-NE-FE. Flush w/ 70 bbls. 2% KCL TFW. Acid frac w/ 214 bbls. 40# gelled fluid pad, 152 bbls. 28% HCL-NE-FE, 65 bbls. 2% KCL TFW. Swab. Run production equipment. Test.

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

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

SIGNED *W. A. Butler* TITLE Administrative Supervisor DATE June 12, 1981

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

