

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 ☒ gas ☐ other ☐
well well

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 + 660' 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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(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 7/22/83. SET RBP @ 6720' + PKR @ 6630'.
ACIDIZED 6646'-6708' w/30 BBLs 15% HCL-NE-FE
w/450 # ROCKSALT IN 7 BBLs 10 PPG BRINE. FLUSHED
w/35 BBLs TFW. SET RBP @ 6630' + PKR @ 6500'.
ACIDIZED 6566'-6615' w/28 BBLs 15% ACID.
FLUSHED w/35 BBLs TFW. SWBD. REL PKR + RBP.
PUMPED 8 BO, 0 BW, + 77 MCF IN 24 HRS 9/7.
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Wm A. Butterfield Administrative Supervisor DATE 9/27/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

SEP 28 1983

*See Instructions on Reverse Side

RECEIVED
SEP 30 1983
O.C.D.
HOBBS OFFICE