N. M. OIL CONS. COMMISSION P. O. BOX 1980 Form 9-331 Form Approved. UNITED STATES HOBBS, NEW MEXICO 88240 Dec. 1973 Budget Bureau No. 42-R1424 5. LEASE DEPARTMENT OF THE INTERIOR NM 2512 **GEOLOGICAL SURVEY** 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 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.) NMFU 8. FARM OR LEASE NAME gas Hawk B-3 well 🖳 well other 9. WELL NO. 2. NAME OF OPERATOR CONOCO INC. 10. FIELD OR WILDCAT NAME 3. ADDRESS OF OPERATOR Urinkand P. O. Box 460, Hobbs, N.M. 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AREA Sec. 3, T-215, R-37E 12. COUNTY OR PARISH 13. STATE AT SURFACE: 1980 FSL \$660 FEL AT TOP PROD. INTERVAL: ΝM AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL Bepeirt reedits of multiple completion or zone PULL OR ALTER CASING chappe on Form 9-330.) MULTIPLE COMPLETE FB 12 1982 **CHANGE ZONES** ABANDON* (other) 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 11/26/81. Perfed Upper Drinkard from 6566-6615! Acidizedlower Drinkard w/ 4662 gals. 15% HCL-NE-FE. Flushed of 75 bbls. 2% KCL TFW. Acidized upper Drinkard w/ 1764 gals 15% HCL acid. Acid frac upper Drinkard w/ 27/166/s gelled water and 186 bbls. 28% HCL. Swabbed. Tested 1/12/82: 25BO. 9BW, 33 MCF. Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct DATE Fobruary 11,1982 TITLE Administrative Supervisor ce for Federal or State office use) APPROVED BY CHESTER CHESTER

> U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO

FEB 2 4 1982

ed Instructions on Reverse Side

_ DATE

Form 9-331 Dec. 1973	COPY TO O. C. C		~.		pproved. Bureau No. 42-R1424	
	UN ZD STATES	5	LASE			
-	DEPARTMENT OF THE INTERIOR			-2512		
	GEOLOGICAL SURVEY	6. 1	6. IF INDIAN, ALLOTTEE OF		R TRIBE NAME	
SUNDRY NOTICES AND REPORTS ON WELLS			7. UNIT AGREEMENT NAME			
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331C for such proposals.)		8 F	8. FARM OR LEASE NAME			
1. oil	gas other		Hau	JK B-3	<u>.</u>	
		. 9. V	VELL NO.	, ,		
2. NAME OF OPERATOR CONOCO INC.			/ 	VII DOATAIA	NAC	
3. ADDRESS CIF OPERATOR			10. FIELD OR WILDCAT NAME Drinkand			
P. O. Box 460, Hobbs, N.M. 88240		11. SEC., T., R., M., OR BLK. AND SURVEY OR				
4. LOCATION	N OF WELL (REPORT LOCATION CLEARLY. See space 17		AREA	,,,	THE SOUTH OF	
below.) AT SURFACE: /980'FSL E660'FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:			Sec. 3	7-215	, R-37E	
			CONTRO	Ř PARISH 1	13. STATE	
			Lea		NM	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, CR OTHER DATA		14. A	API NO.			
		15. E	LEVATION	IS (SHOW E	OF, KDB, AND WD)	
DECLIEST FOI	P APPROVAL TO: CURCEOUTATE DEPOSIT		******			
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:					7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
FRACTURE TE	REAT TO TO					
SHOOT OR A		'sur'				
REPAIR WELL					ple completion or zone	
PULL OR ALT		1	change	on Form 9–33(3.)	
CHANGE ZON			,	1 1 1		
ABANDON*						
(other)			v			
including	E PROPOSED OR COMPLETED OPERATIONS (Clearly state estimated date of starting any proposed work. If well is deand true vertical depths for all markers and zones pertinen	irections	ally drilled	tails, and gi , give subsu	ve pertinent dates, rface locations and	
20 to 674	8'. Log from 6748'-6200'. Pert the following	w/1	JSPF:	6563'67	69 71 79 81 91	
	- Long and the state of the privating	~/ .				
12,95,98,0	6601,03,10,6611. Set RBPat 6730, pkrat 66	625!	Acidize	Lowerl	Drinkard in H	
_		,	,			

CO +067 92,95,9 stages w/ total of 11166x 15% HCL-NE-FE. Divert between stages w/ 400# 50% Benzoic acid blakes and 50% rock saltmixed in 10ppg brine Flush w/ 756615 2% KCL TFW. Swab. Reset RBPat 6625', pkr 6400'. Acidize w/42bbls 15% HCL-NE-FE. Flush w/65bbls TFW. Acid brac w/206 bbls. 40 # gelled fluidpad, 148 bbls. 28% HCL-NEFE. Flush w/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 June 11, 1981 __ TITLE _Administrative Supervisor ___ DATE ___ (This space for Federal or State office use)

TITLE

CONDITIONS OF APPROVAL, IF ANY:

JUN 1 9 1981

JAMES A. GILLHAM DISTRICT SUPERVISOR

*See Instructions on Reverse Side