

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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. 8740
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: *660' FSL & 660' FEL*
AT TOP PROD. INTERVAL: *same*
AT TOTAL DEPTH: *same*
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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MAY 5 1980

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
NM 2512
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
HAWK B-3
9. WELL NO.
13
10. FIELD OR WILDCAT NAME
BLINEBRY/DRINKARD
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 3, T-21S, R-37E
12. COUNTY OR PARISH
LEA
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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 3-27-80. Tagged fill @ 6305'. Drilled out from 6305' to 6311'.
Drilled out pkr. @ 6320'. Acidized Drinkard perts. w/ 80 bbls.
15% HCl-NE & flushed. Acidized Blinebry zone w/ 92 bbls.
15% HCl-NE & flushed. Ran 2 3/4" tbg., setting tbg. @ 6638'
Well tested 31 BOPD, 1 BWPD, 53 MCFPD.*

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

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

SIGNED *W. A. Butterfield* TITLE *Admin. Supervisor* DATE *5/2/80*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*USGS-5
NMFU-4
FILE*

K. E. Saylor