

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, NM. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' 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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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.)*

It is proposed to drill out the permanent packer, clean out, & acidize subject well as follows: Mill over permanent pkr. (@ 6320') & recover pkr. & tbg. Clean out csg. to 6749'. Spot 336 gal. 15% HCl-NE from 6705' to 6496'. Pump in 3192 gal. 15% HCl-NE from 6400' to 6735'. Flush & swab. Spot 294 gal. 15% HCl-NE from 6000' to 5817'. Pump in 3360 gal. 15% HCl-NE from 5700' to 6045'. Flush & swab. 614 w/ production equipment, landing SN @ 6700'. Return well to production

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

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

SIGNED

Wm. P. ButterfieldTITLE Admin. Supervisor

DATE

2/14/80

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

4565-5NMFU-4FILE

ACTING DISTRICT ENGINEER

TITLE

DATE

*See Instructions on Reverse Side

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OIL CONSERVATION DIV.