

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 ☐
well 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: 660' FEL + 510' FSL
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:

☐
☐
☒
☐
☐
☐
☒
☐

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.

1

10. FIELD OR WILDCAT NAME

WANTZ ABO

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 3, T-21S, R-37E

12. COUNTY OR PARISH

LEA

13. STATE

NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

RECEIVED
JAN 18 10 17 AM '84
BUREAU OF LAND MANAGEMENT
ROSEBUD DISTRICT

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 location and measured and true vertical depths for all markers and zones pertinent to this work.)*

MIRU 10/7/83. SET PKR @ 7738'. SPOTTED 10 BBLS 15% HCL-NE-FE @ 7278'. SET PKR @ 6750'. SQUEEZED PERFS 6890'-7275' w/ 300 sxs CLASS "H". REL PKR. DO CMT TO 7215'. FOUND LEAK IN PERFS 6955'-6988'. SET PKR @ 6842. SQUEEZED w/ 100 sxs "C" + 50 sxs "H". REL PKR. DO TO 6965'. DO CIRBP. SET PKR @ 7732'. ACIDIZED 7868'-7966' w/ 75 BBLS 15% ACID. REL PKR. PMPD OBO. SHUT-IN PENDING EVALUATION. Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED W. A. D. [Signature] TITLE Administrative Supervisor DATE 1/9/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: PAR 1188