

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 ☒ well gas ☐ 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: | SUBSEQUENT REPORT OF: |
|------------------------------------------------------|--------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* <input type="checkbox"/> | <input type="checkbox"/> |
| (other) Squeeze Abo; Stimulate Ellenburger | |

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)

RECEIVED
MAY 4 1983

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

OIL & GAS

ROSWELL, NEW MEXICO

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.)*

Spot 10 BBL 15% HCL-NE-FE from 7275' to 6855'. Set pkr. @ 6760'. Pump 50 Sx cl. C' cement w/ 2% CaCl₂. SION. Rel. pkr. @ 6760'. DO cmt. to 7300'. Pressure test squeezed perfs from 6890'-6905'; 6955'-6988'; 7045'-7080'; 7190'-7205'; 7255'-7275', w/1000 psi. D.O. cmt cap and cast iron bridge plug @ 7800'. C.O. csg to 7974'. Set pkr. @ 7700'. Acidize Brunson Ellenburger 7868'-7966'. Pump 75 BBL 15% HCL-NE-FE. Divert w/ 600 lbs graded rock salt mixed in 10BBL 10ppg brine water w/20lbs guar gum. Flush w/ 60 BBL 2% KCL TFW. Swab. Rel. pkr. @ 7000'. C.O. to 7966'. Run. production equipment. Test.

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

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

SIGNED Wm A. Thetford TITLE Administrative Supervisor DATE 5/3/83

APPROVED PETER W. CHESTER (This space for Federal or State office use)
(Orig. Sgd.)
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: MAY 5 1983

RECEIVED
MAY 6 1983
G.C.D.
HOBBS OFFICE