

N. M. OIL CONS. COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

Form 9-331  
Dec. 1973

Form Approved.  
Budget Bureau No. 42-R1424

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 ☐ other ☐  
well well

2. NAME OF OPERATOR  
CONOCO INC.

OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWell, NEW MEXICO

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' FNL & 1980' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐

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(other) Convert to Water injection

5. LEASE

LC-031741(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Hawk B-3

9. WELL NO.

15

10. FIELD OR WILDCAT NAME

Blinebry

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

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

12. COUNTY OR PARISH

Lea

N.M.

14. API NO.

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

(NOTE: Report results of multiple completion or zone change on Form 9-331.)

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.)\*

Run bit to 5970'. Run pkr to 5650'. Displace annulus w/110 bbls pkr. fluid. Set pkr @ 5650'. Acidize Blinebry (5762'-5958') in 3 stages w/75 bbls 15% HCL-NE-FE. Divert w/ Rock salt & brine. Install wellhead & place well on injection. Verbal approval per Armando Lopez on 10-28-82. See attached WF Division Order.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED A. E. Doughton TITLE Administrative Supervisor DATE 10-28-82

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

NOV 2 1982

JAMES A. GILLHAM  
DISTRICT SUPERVISOR