

Form 9-331
March 1973Form 9-331-2
Revised Edition No. 42-81424UNITED 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 formation. Use Form 9-331-C for such proposals.)

1. oil ☒ well ☐ gas well ☐ other2. 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: 1980' 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:

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

10-032093 (6)

6. LEASE AN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Lockhart B-11

9. WELL NO.

17

10. FIELD OR WILDCAT NAME

Drinkard/Abo

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

Sec. 11, T-21S, R-37E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. API NO.

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

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

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HOBBS, 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.)*

1/6/81. MIFU. Recover pkr. 6778'. Set RBP 7430', pkr 7070'. Acidize lower Abo w/ 68 bbls. HCL-NE acid. Diverted w/ rock salt & benzoic flakes. Reset RBP 6758', pkr. 6508'. Acidize Drinkard w/ 64 bbls HCL-NE acid. Divert w/ rock salt & benzoic flakes. Ran production equipment. Tested 21 30, 50 BW, 121 MCF. 1/29/81.

Subsurface Safety Valve: Manu. and Type _____

Set @ _____ Ft.

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

SIGNED W. D. Brubaker

TITLE Administrative Supervisor

DATE February 27, 1981

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

USGS
NMFU &
FILE

ACCEPTED FOR RECORD

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*See Instructions on Reverse Side