

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

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' FSL & 660' FWL

AT TOP PROD. INTERVAL: ☒

AT TOTAL DEPTH: ✓

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,
REPORT, OR OTHER DATA

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD OR WILDCAT NAME

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

12. COUNTY OR PARISH | 13. STATE

14. API NO.

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

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) T. A. Blinberry & Test Tubbs ✓

SUBSEQUENT REPORT OF:

REPORT OF: **RECEIVED**
(NOTE: Report of the Committee on the Judiciary, U.S. House of Representatives, 1954-55)

MAR 7 1983

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

JUL 2 1963
 MINERAL & ENV. SERVICE
 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.)*

MIRU 2-10-83. Tag at 6226'. Pushed CIBP to 6400'. Set pkr @ 6000'. Acidize Tubb perfs w/20 bbls 15% HCL-NE-FE and 1680 gals TFW. Rel pkr. Dump 25x Class 'C' cmt on top of CIBP. Set pkr @ 5632'. Acidize Blinbry perfs in 2 stages. w/1680 gals 15% HCL-NE-FE plus 252 gals 10#/gal brine w/300# rock salt. Rel pkr. Ran production equip. Tested 2/28/83. 1 BO, 9 BW & 39 MCF in 24 hrs.

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

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 5/13/05

~~ACCEPTED FOR RECORD~~

FD-302 (Rev. 11-27-70)

(This space for Federal or State office use)

APPROVED BY (ORIG SGT) DAVID R. GLASS TITLE _____
CONDITIONS OF APPROVAL SEP 1983

DATE _____

ROSWELL, NEW MEXICO

*See Instructions on Reverse Side