

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' FSL & 660' FWL
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* ☐

SUBSEQUENT REPORT OF:

- (other) Amended Blinberry and restore Tubbs

5. LEASE
LC-032096(6)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
Lockhart B-13A
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Terry Blinberry
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 13, T-21S, R-37E
12. COUNTY OR PARISH
Lea
13. STATE
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-C)

OIL & GAS
MINERALS MGMT. 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.)*

Run bit to 6000'. Set cmt retainer @ 5675'. Cement squeeze Blinberry (5722' - 5840') w/ 75-sx class 'C' cmt. Spot 10' cmt on top of retainer. Reverse circulate out excess cement. Drill out cmt retainer & cement to 6020'. Circulate wellbore clean w/ 2% KCL TFW. If cement squeeze holds pressure test, drill out CIBP @ 6020' & 6022'. Push both CIBPs to 6990'. Land S.M. @ 6330'. 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. Gillham TITLE Administrative Supervisor DATE 10-21-82

APPROVED BY _____ (This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 26 1982

FOR

JAMES A. GILLHAM

DISTRICT SUPERVISOR *See Instructions on Reverse Side