

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 <input type="checkbox"/> gas well <input type="checkbox"/> other <input checked="" type="checkbox"/> SWD	5. LEASE LC-032096 (6)
2. NAME OF OPERATOR Conoco Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M.	7. UNIT AGREEMENT NAME N.M.F.U.
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1980' FSL & 1980' FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	8. FARM OR LEASE NAME Lockhart B-13 "A"
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	9. WELL NO. 4
	10. FIELD OR WILDCAT NAME Terry Blinbry.
	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) 3420 G.L.

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* ☐
 (other) ☐

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

U. S. GEOLOGICAL SURVEY
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.)*

9-5 miru. pulled production equipment.

9-6 - Clean out hole to 5160'. Acidize w/ 16 bbls. 15% HCl-NE.

Perf. @ 4520'-4540', 4630'-4640', 4775'-4785', 5075'-5095' w/ 1 ISPF 60 hole

9-7 Pmpd. 1500 gal. 15% MOD-202 acid downhole. Flushed well & placed on injection.

9-9 Injecting all lease water

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

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

SIGNED Wm A. Butler TITLE Admin. Supervisor DATE _____

(This space for Federal or State)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

USGS - 5

NMFU - 4

FILE

*See instructions on Reverse Side

