COPY TO O. C. C.

Form 9–331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42–R1424

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 SWD

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P.O. BOX 460 , HOBBS, N.M.

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 1980' 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:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☑	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐
(other)		

5. LEASE
LC - 032096 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
LOCKHART B - 13A

9. WELL NO.
4

10. FIELD OR WILDCAT NAME
~~TERRY~~ BLINEBRY Oil & Gas

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 GL

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U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

(Note:—Report results of multiple completion or zone change on Form 9–330.)

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.)*

It is proposed to clean out, acidize, & reperf subject well as follows:
Spot hole w/ 16 BBLS of 15% HCl-NE-FE acid from
5125' - 4469'. Perforate San Andres formation @ 4520-4540'
4630 - 4640', 4775 - 4785' w/ 1 JSPF. Perfs will then be acidized
@ 4510' - 5125' w/ 35.7 BBLS. 15% MOD 202 acid (w/ additives).

Verbal approval received per A.R. Brown.

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

18. I hereby certify that the foregoing is true and correct
SIGNED Wm A. Butterfield TITLE ADMIN. SUPERVISOR DATE 9-6-79

(This space for Federal or State office use)

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

*See Instructions on Reverse Side