COPY TO O

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE
LC-032096(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME
NMAFIL

1. oil well ✓ gas well ☐ other

8. FARM OR LEASE NAME
Lockhart B-13A

2. NAME OF OPERATOR
CONOCO INC.

9. WELL NO.
8

3. ADDRESS OF OPERATOR
P.O. Box 460, Hobbs, N.M. 88240

10. FIELD OR WILDCAT NAME
Blinebry Oil & Gas

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980'FSL & 660'FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 13, T-21S, R-37E

12. COUNTY OR PARISH 13. STATE
Lea NM

14. API NO.

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

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)		

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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.)*

CO to 5859'. Set pkr. 5600'. Acidize Blinebry as follows: Pmp 130 bbls (total) 15% HCL-NE-FE in 4 stages. Divert w/ total of 1100# 50/50 rock salt and Benzoic flakes in 735 gals. 10 ppg brine. Flush w/ 50 bbls 2% KCL TFW. Swab back load. Run production equipment. Test.

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 April 22, 1981

(This space for Federal or State office use)

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

APPROVED
APR 29 1981
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side