PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* (otner)

UN...ED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

| Dec. 1973 | Budget Bureau No. 42–R1424 | | | |
|--|--|--|--|--|
| UNED STATES | 5. LEASE | | | |
| DEPARTMENT OF THE INTERIOR | LC-032096 (a) | | | |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | | |
| | | | | |
| SUNDRY NOTICES AND REPORTS OF WELLS | 7. UNIT AGREEMENT NAME | | | |
| | NMFIL | | | |
| (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.) | 8. FARM OR LEASE NAME | | | |
| | | | | |
| 1. oil gas other | Lockhart A-17 | | | |
| II S SULULIAL SURVE | Y 9. WELL NO. | | | |
| 2. NAME OF OPERATOR | 2 - | | | |
| CONOCO INC. | 10. FIELD OR WILDCAT NAME | | | |
| 3. ADDRESS OF OPERATOR | Blinebry Oil + Gas | | | |
| P. O. Box 460, Hobbs, N.M. 88240 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR | | | |
| 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 | AREA | | | |
| below.) | Sec. 17, T-215, R-37E | | | |
| AT SURFACE: 1980'FSL 660'FEL | 12. COUNTY OR PARISH 13. STATE | | | |
| AT TOP PROD. INTERVAL: | Lea NM | | | |
| AT TOTAL DEPTH: | 14. API NO. | | | |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | | | | |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) | | | |
| | The Electronia (allow bi, Rbb, AND Wb) | | | |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | | | | |
| TEST WATER SHUT-OFF | | | | |
| FRACTURE TREAT | | | | |
| SHOOT OR ACIDIZE | | | | |
| REPAIR WELL | (NOTE: Report results of multiple completion or zone | | | |
| PULL OR ALTER CASING | change on Form 9-330.) | | | |
| MULTIPLE COMPLETE | | | | |
| CHANGE ZONES ABANDON* | | | | |
| ADAIRDON: | | | | |

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, GIHW/ RBP, PKr, \$+bg. RBP at 3650'. PKrat 3300'. Cmt squeeze Eument perfs by 75 SK. Class C cmt. POOH. GIH w/ bit, DC. Drillout cmt. POOH w/ RBP. CO wellbore to 6100'. GIH w pkr, SN. PKrat 5400! Acidize Blinebry of 426618 15% HCL-NEacid. Flush of 35 bbls. 2% KCL water. Release pkr. POOH. GIH of OEMA, SN, +bg. SN at 5950! Place well on production. Test.

| Subsurface Safety Valve: M | fanu. and Ty | ype | | Set @ | · | Ft. |
|------------------------------|---------------|--|--------|---------|-------------|-----|
| 18. I hereby certify that th | e foregoing | is true and correct | | | | |
| SIGNED WILL A. The | Sterfu | is true and correct TITLE Administrative Supervisor | DATE _ | January | 9, 1981 | |
| | $\overline{}$ | (This space for Federal or State office u | se) | | | |
| APPROVED BY | | TITLE | DATE | | | |

USG5 5 NMF44 file

*See Instructions on Reverse Side

STRICT SUPERVISOR

.. AN 6.0 1931