

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 410, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 650' FNL & 650' 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-031741(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
UMFU
8. FARM OR LEASE NAME
Hawk A
9. WELL NO.
5
10. FIELD OR WILDCAT NAME
Blinetry / Drinkard
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 9, T-21S, R-37E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW OF, KDB, AND WD)

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

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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.)*

1/20/81 MIRU. Recover pkr at 6095'. Set pkr 6400'. Acidize Drinkard w/ 28 bbls 15% HCL-NE. Flush w/ 60 bbls. FW. Set RBP 6500', pkr 6030'. Acidize Blinetry w/ 22 bbls 15% HCL-NE. Flush w/ 60 bbls. TFW. Swabbed. Ran production equipment. Tested 28 BO, 13 BW, 18 MCF 1/29/81.

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

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE February 27, 1981

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

MAR 4 1981

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