

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 on 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 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 990' FNL + 330' 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:

- TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

- ☐
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☐
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☐

(other) CHEMICALLY INHIBIT ☒

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 8/25/83. PUMPED 20 BBLs 15% HCL-NE-FE DOWN CSG. FLUSHED w/60 BBLs TFW. PUMPED 2 DRUMS CHEMICAL MIXED w/20 BBLs TFW. FLUSHED w/100 BBLs TFW. RAN PROD. EQUIP. TESTED 62 BO, 37 BW, + 6 MCF IN 24 HRS 8/26/83.

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

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

SIGNED W. A. Butterfield TITLE Administrative Supervisor DATE 9/27/83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD

AUG 30 1983

RECEIVED

OCT 3 1983

O.C.D.
HOBBS OFFICE

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

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1. oil ☒ gas ☐ other ☐
well well

2. NAME OF OPERATOR
CONOCO INC.

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

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 990' FWL & 330' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

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☐
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5. LEASE

LC-031740(6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFLI

8. FARM OR LEASE NAME

Meyer B-8

9. WELL NO.

5

10. FIELD OR WILDCAT NAME

Enrico Monument G/LA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 8, T-21S R-36E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

14. API NO.

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

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

OIL & GAS
MINERALS MANAGEMENT SERVICE
ROSWELL, 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.)*

MIRU 11-6-82. Set RBP & pkr @ 3737' & 3714' respectively. Acidize Lower Grayburg w/1576 gals 15% HCL-NE-FE. Swab. Reset RBP @ 3825'. Test plug to 1000 psi, H2O OK. Spot 2 bbls acid. Perf w/155PF @ 3778', 80', 88', 90', 97', 330', 04', 3807'. Set pkr @ 3621'. Acidize Upper Grayburg w/672 gals 15% HCL-NE-FE. Swab. Rel. pkr. Ran production equipment and placed well on production. Tested 11-21-82: 47 BO, 26 BW, 7 MCF in 24 hrs.

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

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

SIGNED Dr. E. Bingham TITLE Administrative Supervisor DATE 11-24-82

ACCEPTED FOR RECORD

(space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, JAN 17 1983

MINERALS MANAGEMENT SERVICE
ROSWELL, NEW MEXICO