

Form 9-331
Dec. 1973

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

Form Approved.
Budget Bureau No. 42-R1424

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 460, Hobbs, N.M. 88240

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

AT SURFACE: 990' FNL 2 330' FNL

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:

RECEIVED

OCT 14 1982

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

OIL & GAS
MINERALS MGMT. 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.)*

Install BOP. C-IH w/4-3/4" bit to 3950'. Set RBP @ 3940'. Set pkr. @ 3700'. Acidize Lower Grayburg (3537'-3918') w/ 38 bbls 15% HCL-NE-FE. Flush w/ 20 bbls 2% KCL TFW. Swab Release pkr. Reset RBP @ 3840'. Perf w/ 1 JSPF @ 3775', 3780', 3785', 3790', 3797', 3801', 3804', 3807'. Set pkr. @ 3600'. Acidize (3775'-3807') Upper Grayburg w/ 16 bbls 15% HCL-NE-FE. Pump 20 bbls 2% KCL TFW. Swab. Reset pkr. @ 3600'. RBP @ 3940'. Chemical inhibit Grayburg Horizon (3773'-3918') w/ 476 gals of solution and flush w/ 100 bbls 2% KCL TFW. Release pkr. and RBP Land Sub. @ 3894'. C-IH w/ pump and rods. Place well on production. Test.

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

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

SIGNED Wm. A. Gillham TITLE Administrative Supervisor DATE 10-12-82

APPROVED

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY
CONDITIONS OF

APPROVAL, IF ANY

OCT 20 1982

JAMES A. GILLHAM

DISTRICT SUPERVISOR *See Instructions on Reverse Side

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OCT 22 1982

O.C.D.
HOBBS OFFICE