

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: 660' FSL + 2100' 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) ISOLATE ABC + TEST DRINKARD

5. LEASE
LC-032096 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
LOCKHART B-13A
9. WELL NO.
9
10. FIELD OR WILDCAT NAME
WANTZ ABO
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)

(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.)*

MIRU. SET RBP @ 6930'. SPOT 5 BBLs 15% HCL-NE-FE 6663'-6873'. PERF w/1 JSPF @ 6704', 18', 58', 62', 87', 6817', 29', 54', + 6873'. SET RBP @ 6900' + PKR @ 6550'. PUMP 18 BBLs 15% ACID. FLUSH w/50 BBLs TFW. ACID FRAC w/262 BBLs 40# GELLED FLUID + 122 BBLs 28% HCL-NE-FE. SWAB. REL PKR + RESET RBP @ 6685'. SPOT 3 BBLs 15% ACID 6530'-6656'. PERF w/1 JSPF @ 6578', 82', 86', 92', 95', 6605', 15', 31', 36', 39', 43', 48', 51', + 6656'. SET PKR @ 6400'. PUMP 28 BBLs 15% ACID. FLUSH w/50 BBLs TFW. ACID FRAC w/476 BBLs 40# GELLED FLUID + 200 BBLs 28% HCL-NE-FE. SWAB. REL PKR + RBP. RUN PRODUCTION EQUIP. TEST.

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

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

SIGNED Peter W. Chester TITLE Administrative Supervisor DATE 9/15/83

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY:

SEP 29 1983