

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 ☐ gas ☐ other SWD

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: 190' FSL & 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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☐

5. LEASE*

LC-063228

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Fields

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Cruz Delaware

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

Sec. 25-235-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

30-025-08120

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. CC to 5185'. Spot 2 bbls. 7 1/2% HCL-NE-FE from 5022' to 5145'. Rel w/2 JSPP @ 5073'-5081' & 5100'-5145' for total of 108 parts. Set pkr. @ 4900'. Breakdown in Ramsey sand from 5074'-5145' w/total of 80 bbls. 7 1/2% HCL-NE-FE. 1400 lbs green rock salt in 8 bbls. @ #1000 gals. 11PG & 10 lb. lime. Flush w/33 bbls 2% FCL. Rel pkr. Sand frac Ramsey sand from 5074'-5145' w/total of 271 bbls 11PG & 20034 lbs 20/40 sand. Flush w/79 bbls. 2% KCL. CC to 5185'. Set pkr @ 5000'. Place casing.

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

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

SIGNED David J. Smylie

TITLE _____

DATE 1/2/85

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE 1-8-85

CONDITIONS OF APPROVAL, IF ANY:

**Subject to
Like Approval
by State**

SWD

*See Instructions on Reverse Side

RECEIVED

JAN 10 1985

O.C.F.
HOBBS OFFICE