

UNITED STATES
N. M. OIL CONS. DEPARTMENT OF THE INTERIOR
P. O. BOX 1980 GEOLOGICAL SURVEY
HOBBS, NEW MEXICO 88240

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 ☒ Water Inj

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: 1980' FNL & 640' 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* ☐

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(other) Clean Out

5. LEASE
LC - 030133 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
South Eunice Unit
9. WELL NO.
41
10. FIELD OR WILDCAT NAME
Eunice 7 Rivers Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 28, T-22S, R-34E
12. COUNTY OR PARISH
Lea
13. STATE
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. Tag @ 3564'. Co to 3804'. Acidize w/ 11.9 BBLs
157. HCL - NE - FE. Flush w/ 40 BBLs 9# brine.
Place well on injection. Inj 310 BWPD @ 640 psi
on 8-20-84

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

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

SIGNED W. A. Thutler TITLE Administrative Supervisor DATE 10/17/84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: OCT 27 1984

Carlsbad

NEW MEXICO See Instructions on Reverse Side