

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 ☐

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: 2310' 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* ☐

(other) SHUT OFF WATER (X)

SUBSEQUENT REPORT OF:

RECEIVED

MAY 18 1983

OIL & GAS

(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.)*

CO to ±3600'. SPOT SAND FROM PBTD TO ±3600'. DUMP 5 SA
CEMENT FROM 3600-3580'. SET 2 3/8" tubing AT 3550'. ACIDIZE
W/ 17 BBLs 15 70 HCL-NE-FE. PUMP 42 BBLs. 270 KCL TFW W/
40 #) 1000 gal quat gum, 1789 # GRADED ROCK SALT AND 1 gal
ADOMALL PER 1000 GALS. ACIDIZE AND DIVERT THE 2ND STAGE
W/ SAME MATERIAL AND VOLUME. ACIDIZE THE 3RD STAGE W/
SAME MATERIAL AND VOLUME. SLAB. PLACE ON PRODUCTION
AND 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 5-16-83

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgl.) PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 28 1983