

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill on to a different reservoir. Use Form 9-331-C for such proposals.)

RECEIVED
JUN 17 9 30 AM '83
SUNBELT DISTRICT
ROSWELL DISTRICT

1. oil well ☐ gas well ☐ other WATER INJECTION

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' FNL + 1980' 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) REPAIR CSG LEAK, SQUEEZE PERFS, OPEN ADD'L INJECTION ZONES.

(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 @ 3705' + SPOT 10' OF SAND ON TOP. SET PKR @ 3550'. PUMP 31 SXS CLASS "C" CMT. FLUSH W/15 BBLs 9 LB BRINE. SET RBP @ 1530'. SET PKR @ 1500'. SPOT 10' OF SAND ON TOP OF RBP. TEST CSG TO 500 PSI UNTIL HOLE IS FOUND. SET PKR 90' ABOVE LEAK. SQUEEZE W/14.8 LBS/GAL CLASS "C" CMT (VOLUME WILL BE CALCULATED ON LOCATION). DRILL OUT CMT. PRESSURE TEST TO 1500 PSI. REL RBP @ 3705'. SPOT 4 BBLs 15% HCL-NE-FE 3635'-3799'. PERF THE SEVEN RIVERS + QUEEN W/2 JSPF @ 3684'-92', 3712'-24', 27'-36', 48'-3794' (TOTAL OF 150 PERFS). SET PKR @ 3660'. ACIDIZE W/75 BBLs 15% HCL-NE-FE. PUMP 4 BBLs 9 LB BRINE W/40# / 1000 GUAR GUM + 233 LBS ROCKSALT. PUMP 75 BBLs 15% HCL-NE-FE. FLUSH W/15 BBLs 2% KCLTFW. SWAB. RUN INJECTION EQUIP. Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Chris Beale TITLE ADM. ANALYST DATE 6/16/83

APPROVED

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUN 29 1983