

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 injection well

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' FNL
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) Repair casing

SUBSEQUENT REPORT OF:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

LC-030133(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

South Eunice Unit

9. WELL NO.

35

10. FIELD OR WILDCAT NAME

Eunice 7 Rivers Queen South

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

Sec. 28, T-22S, R-36E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

RECEIVED

(NOTE: Report results of multiple completion or zone changes on Form 9-330.)

OCT 17 1982

OIL & GAS

MINERAL SERVICE

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, 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.)*

Release pkr @ 3542! PUGH w/ tubing and inspect. Clean out casing to 3740! Set RBP @ 1500! Spot 20' of sand on top of RBP. Pressure test to 500psi and locate leaks in csg. Set 5 1/2" pkr 50' above hole. Cmt squeeze hole w/ 400 lb Class 'C' cmt w/ 2% CaCl2. Circ. to surface. Woc. Drill out cmt. Pressure test to 500psi. If squeeze holds, circulate sand off of RBP. Reset RBP @ 3542! Set pkr @ 1500! Test csg to 500psi. If csg does not hold, squeeze as necessary. Release treating pkr & RBP. Return well to injection.

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

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE 12-13-82

APPROVED

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

JAN 3 1983

FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side