

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 ☐
 well well 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 & 660' 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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(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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. Kill well w/ 10ppg brine. POOH w/ rods & pmp. Tag for fill. GIH w/ bit, esp. scraper. CD to 3813'. Spot 168 gals 15% HCl from 3754' to 3588'. POOH. GIH w/ pkr to 3500'. Acidize Yates from 3588' - 3754' w/ 420 gals 15% HCl, follow w/ 1680 gals 15% HCl-NE-FE. Divert w/ 200 lbs 50% benzoic acid flakes & 50% rock salt in 130 gals 10ppg brine. Pmp 420 gals 15% HCl & 1680 gals 15% HCl-NE-FE. Divert w/ 200 lbs 50% benzoic flakes & 50% rock salt in 130 gals 10ppg brine. Pmp 420 gals 15% HCl, follow w/ 2100 gals 15% HCl-NE-FE. Flush to perms w/ 2066 lbs 2% KCL TFW. Swab back load. Release pkr & POOH. GIH w/ MA, SN, & bg. GIH w/ pmp & rods. Place well on production.

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

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

SIGNED W. A. Bitterfield TITLE Administrative Supervisor DATE December 9, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:USGS
NMF44
File

*See Instructions on Reverse Side

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DISTRICT SUPERVISOR