

**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 well ☐ gas well ☐ 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: 660' FNL + 660' FEL**

**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) **Clean Out**

SUBSEQUENT REPORT OF:

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5. LE **Lc 030133 (A)**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
**NMFU**

8. FARM OR LEASE NAME  
**South Eunice Unit**

9. WELL NO. **33**

10. FIELD OR WILDCAT NAME  
**Eunice 7 Rivers Queen**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec. 29, T-22S, R-36E**

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 @ 3721'. CO from 3721' - 3813'. Set pkr  
Acidize w/ 11.9 BBLs 15% HCL-NE-FE. Flush w/ 18 BBLs  
FW + 12 BBLs 10% brine. Place well on injection. Inj  
360 BWPD on vacuum on 8-10-84.**

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED **[Signature]** TITLE **Administrative Supervisor** DATE **10/17/84**

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY **[Signature]** TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**OCT 25 1984**

**[Signature]** NEW MEXICO

\*See Instructions on Reverse Side