

Form 9-331
Dec. 1973

N. M. OIL CONS. COMMISSION

P. O. BOX 1100

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

HOBBS, NEW MEXICO 88240

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 ☐
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.)
1650/2 & 970/E
AT SURFACE: ~~1650/2 & 970/E~~
AT TOP PROD. INTERVAL: ~~1650/2 & 970/E~~
AT TOTAL DEPTH: ~~1650/2 & 970/E~~
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:

☐
☒
☒
☐
☐
☐
☐
☐
☐

5. LEASE

NM 0557256

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

Elliott B-15

9. WELL NO.

2

10. FIELD OR WILDCAT NAME

Drinkard

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

Sec. 15, T-22S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

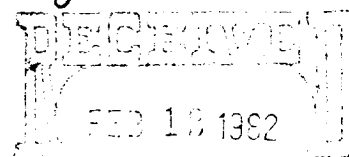
14. API NO.

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 12/4/81. Drilled out CIBPat 6400'. Acidized w/ 18 bbls 15% HCL-NE-FE. Flushed w/ 44 bbls 2% KCL TFW. Acid frac'd w/ 225 bbls 40# gelled 2% KCL TFW, 270 bbls 28% HCL-NE-FE, flushed w/ 143 bbls 40# gelled TFW. Tested on 12/31/81: 14 BO, 24 BW, 82 MCF.



U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

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

SIGNED Wm. A. Probert TITLE Administrative Supervisor DATE February 11, 1982

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

PETER W. CHESTER

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL IF ANY: _____

FEB 23 1982

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side