

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 ☐
well 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.)
AT SURFACE: **1650' FUL & 990' FUL**
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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5. LEASE

NM-0557256

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFL

8. FARM OR LEASE NAME

Elliot 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

Kea

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.)*

Drill out CIBP at 6400'. CO to 7350'. Set pk rat 6250'. Acidize w/ 96 bbls. 15% HCL-NE-FE. Flush w/ 44 bbls. 2% KCL TFW. Acid frac as follows: Pmp 225 bbls. 40# gelled 2% KCL TFW. Pmp 271 bbls. 28% HCL-NE-FE. Pmp 143 bbls. 40# gelled flush. Flush w/ 42 bbls. 2% KCL TFW. Swab. Run production equipment. Test.

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

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

SIGNED Wm A. Butler TITLE Administrative Supervisor

DATE September 10, 1981

APPROVED

(This space for Federal or State office use)

APPROVED (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

SEP 21 1981

FOR

**JAMES A. GILLHAM
DISTRICT SUPERVISOR**

*See Instructions on Reverse Side