

COPY TO O. R. C.

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 well2. NAME OF OPERATOR  
CONOCO INC.3. ADDRESS OF OPERATOR  
P. O. Box 460, Hobbs, N.M. 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL & 2130' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☒REPAIR WELL ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐CHANGE ZONES ☐ABANDON\* ☐(other) ☐

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. GIH and CO to 7812'. POOH. GIH w/ treating packer, set at 7600'.

Acidize Brunson Ellenburger perfs. from 7712'-7788' w/ 65 bbls. 15% HCL-NE-FE. Divert w/ 500 lbs. rock salt in 350 gals. 10ppg brine water and 30 lbs/1000 gals guar gum. Pump 65 bbls. 15% HCL-NE-FE. Flush w/ 80 bbls. 2% KCL fresh water w/ 1 gal/1000 gals. Adomall. Swab back acid load & flush. Mix 2 drums Unichem TH-814 & 1 gal. Unichem TC-120 in 20 bbls 2% KCL & fresh water. Scale inhibit perfs. from 7712'-7788' w/ the squeeze mixture. Flush w/ 80 bbls KCL fresh water. Divert w/ 500 lbs rock salt in 350 gals. 10ppg brine water. Pump remaining chemical squeeze mixture. Flush w/ 81 bbls. 2% KCL & fresh water. SEON. Release treating pkr. @ 7600'. POOH. GIH w/ mud anchor, seating nipple, & 2 7/8" tbg. Seat nipple @ 7660'. GIH w/ rods & pump. Place well on production. No surface disturbance required.

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

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

SIGNED

*W. A. Dunning*

TITLE

Administrative Supervisor

DATE

8/27/80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

SEP 3 1980

For DISTRICT SUPERVISOR

USGS 5  
NMFU 4  
File

\*See Instructions on Reverse Side