

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.)
AT SURFACE: 554' FSL + 2086' 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) ☐

SUBSEQUENT REPORT OF:

☐
☐
☐
☒
☐
☐
☐
☐

LEASE
LC-032573 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
ELLIOT A-15

9. WELL NO. 4

10. FIELD OR WILDCAT NAME
DRINKARD

11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA
SEC. 15, T22S, R37E

12. COUNTY OR PARISH
LEA

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DE, 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 2/18/84. SET RBP @ 4320'. SHOT 4 HOLES @ 2745'. SET PKR @ 2607'. PMPD 425 GXS CLASS "C" w/47% KCL + 27% CaCl₂. WOC. REL PKR. TOC @ 2606'. DO TO 2765'. TESTED SQUEEZE TO 1100 PSI. REL RBP. RAN PROD EQUIP. PMPD 12 BO, 15 BW, + 80 MCF IN 24 HRS 3/15/84.

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

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

SIGNED Wm A. Dethlefsen TITLE Administrative Supervisor DATE 5/7/84

(This space for Federal or State office use)

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

MAY 10 1984

Carlsbad

NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

MAY 14 1984

O.C.O.
HOBBE OFFICE