

UNITED 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 ☐  
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: 1980' FNL + 660' FWL

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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) CLEAN OUT + INHIBIT	<input checked="" type="checkbox"/>	<input type="checkbox"/>

(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 ON 5/26/83. TAG FOR FILL. CO 15'. SET PKR. @ 3570'. PMPD. 28 BBLs. 15% HCL-NE-FE. PMPD. 26 BBLs. GELLED 2% TFW w/47# GUAR GUM + 71# ROCKSALT. PMPD. 28 BBLs. 15% ACID. FLUSHED w/22 BBLs. 2% TFW. SION. PMPD. 5.5 BBLs. CHEMICAL IN 10 BBLs. TFW. FLUSHED w/78 BBLs. TFW. PMPD. 2 BBLs. GELLED 2% TFW w/GUAR GUM + ROCKSALT. FLUSHED w/78 BBLs. TFW. RELEASE PKR. RUN PRODUCTION EQUIP. ON 5/29/83. TESTED 23 BO, 57 BW, 34 MCF IN 24 HRS. ON 6/8/83.  
Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W. A. Butterfield TITLE Administrative Supervisor DATE 6/13/83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

OR  
JUL 14 1983

\*See Instructions on Reverse Side

RECEIVED  
JUL 18 1983  
O.C.D.  
HOBBS OFFICE