

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 Water supply well
2. NAME OF OPERATOR
Coroco Inc.
3. ADDRESS OF OPERATOR
P.O. Box 460, Hobbs NM. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL & 660' FWL
AT TOP PROD. INTERVAL: same
AT TOTAL DEPTH: same
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:

- ☐
- ☒
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
LC-029864A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
Danciger B - water supply well
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Langlie Mattix 7 Rivers Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 7, T-23S, R-36E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
3471'

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 3-15-80. Tagged fill @ 4065'. Cleaned out to 4965'.

Acidized Capitan Reef open hole sections in 2 stages w/ total of 200 bbls. 15% HCl-NE-FE. Flush w/ TFW. RIH w/ Reda pump & tbq. Landed tbq. @ 1745'

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

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

SIGNED <u>W. G. Butler</u>	TITLE <u>Admin. Supervisor</u>	DATE <u>3/25/80</u>
ACCEPTED FOR RECORD		
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL IF ANY: _____		
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*See Instructions on Reverse Side