

**COPY TO O. C. G.**

Form 9-331  
Dec. 1973

Form Approved.  
Budget Bureau No. 42-R1424

**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 ☐ well ☐ gas well ☐ other Water supply well

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: 660' FNL & 660' FNL  
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 SLUP 14035  
LC 029864 A

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 Matrix 7 Rivers Qn.

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.)\*

*It is proposed to clean out & acidize subject well as follows:*

*Clean out well to 5000'. Acidize Capitan Reef open hole section w/ 8400 gal. 15% HCl-NE in 2 stages. Flush w/ 2% KCl TFW. Set Reda pump @ 1670' & place well on production.*

*No additional surface disturbance is required.*

*Verbal approval received from Jerry Long 3-11-80*

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

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

SIGNED Wm. A. Butts TITLE Admin. Supervisor DATE 3-11-80

(This space for Federal or State office use)

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

RECEIVED  
MAR 18 1986

RECEIVED  
MAR 18 1986  
OIL CONSERVATION DIV