

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: 1980' FSL & 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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☒  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) ☐

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5. LEASE  
LC-029864(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
NMFU

8. FARM OR LEASE NAME  
Danciger B WSW

9. WELL NO.  
2

10. FIELD OR WILDCAT NAME  
Capitan Reef

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 7, T-23S, R-36E

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

14. API NO.

15. ELEVATIONS (SHOW DF, 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. CO to 5300'. GIHW/pkr to 3600'. Pmp. 200 bbls. 15% HCL-NE-FE in two stages. Divert between stages w/ 1000lbs. rocksalt in 670 gals. 10 ppg. brine. Flush w/ 120 bbls. 2% KCL TFW. Release pkr. POOH. Place well back on production. No additional surface disturbance required.

Verbal approval received per Karen Sayles 1/6/81.

Subsurface Safety Valve: Manu. and Type

Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm. A. Lutter TITLE Administrative Supervisor DATE January 6, 1981

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

USGS 5  
NMFU 4  
File

\*See Instructions on Reverse Side

