

N. M. OIL CONS. COMMISSION

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES P. O. BOX 1980
HOBBS, NEW MEXICO
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 INJECTION**

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 + 1980' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) ☐

SUBSEQUENT REPORT OF:

☐
☐
☒
☐
☐
☐
☐
☐
☐

5. LEASE
88240C - 062749 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
THOMPSON 19 FEDERAL

9. WELL NO.
2

10. FIELD OR WILDCAT NAME
MASON DELAWARE NORTH

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 19, T26S, R32E

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 location and measured and true vertical depths for all markers and zones pertinent to this work.)*

MIRU 1/5/84. SPOTTED 100 GALS XYLENE ACROSS PERFS 4303'-4307'. SET PKR @ 4210'. ACIDIZED W/32 BBLs OF 25% XYLENE AND 75% OF 15% HCL-NE-FE. FLUSHED W/35 BBLs TFW. REL PKR. RAN INJECTION EQUIP W/PKR SET @ 4220'. INT 1200 BWPD @ 1800 PSI 1/12/84.

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

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

SIGNED *John A. Heithaus* TITLE Administrative Supervisor DATE 3/5/84

ACCEPTED FOR RECORD (Leave space for Federal or State office use)

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

MAY 16 1984

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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1. oil well ☐ gas well ☐ other INJ.
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 & FNL
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) csg. leak survey

SUBSEQUENT REPORT OF:

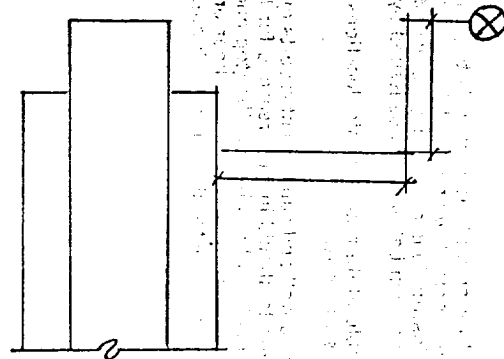
- ☐
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5. LEASE
LC 062749 a
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
THOMPSON 19 FEDERAL
9. WELL NO.
2
10. FIELD OR WILDCAT NAME
MASON DELAWARE NORTH
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 19, T-26S, R-32E
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.)

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Csg. leak survey was performed w/
valves being dug up & tagged at
the surface. Survey was witnessed
by Tony Plattsmier w/ NMOC.



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

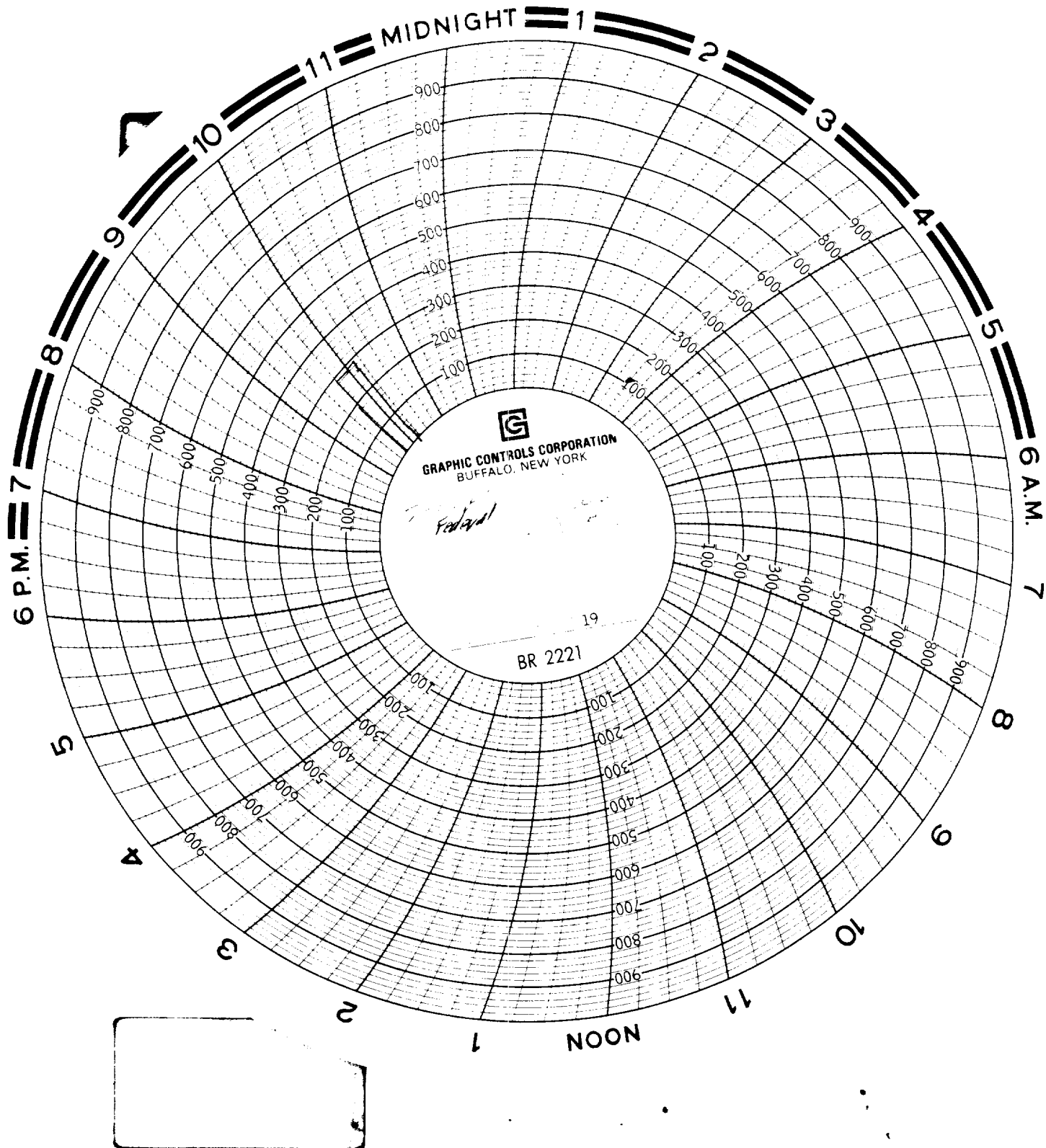
18. I hereby certify that the foregoing is true and correct

SIGNED Wm A. Butterfield TITLE ADMIN. SUPERVISORDATE 6/12/80

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD	
DATE	JUN 16 1980
U.S. GEOLOGICAL SURVEY ROS WELL, NEW MEXICO	





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