

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NEW MEXICO

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 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' 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:

- 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

88240
EC-069515

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

North El Mar Unit

8. FARM OR LEASE NAME

North El Mar Unit

9. WELL NO.

24

10. FIELD OR WILDCAT NAME

El Mar Delaware

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

Sec. 25, T26S, R32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

30-025-08275

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. Rel pkr. Set RBP @ 4544' & pkr @ 4100'. Isolated leak from 83' to surface. Reset RBP @ 168'. Pmpd. 63 sxs class "C" cement. DO cement to 113'. Pmpd. 65 sxs class "C" cement w/ 1 bbl flush. Tag cmt @ 70'. Pump 98 sxs class "C" cmt w/ 1 bbl flush down surface csg. DO to 120'. Rel RBP. Set pkr @ 4560'. Return to inj. injected 215 BWPD @ 340 psi on 11/28/84.

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

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

SIGNED David D. Smyth TITLE Administrative Supervisor DATE 12/12/84

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

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY

DEC 14 1984

[Signature]

NEW MEXICO

*See Instructions on Reverse Side