

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 ☐ 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) ☐

5. LEASE

LC - 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 @ 4550'. CO TO 4642'.
SET RBP @ 4550' + PKR @ 4100'. PRESSURE
TEST CSG UNTIL LEAK CAN BE ISOLATED.
CMT SQUEEZE W/ APPROPRIATE VOLUMES. WOC.
RUN INJECTION EQUIPMENT W/ PKR SET @
4550'. MONITOR.

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

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

SIGNED Wm A. Butterfield Administrative Supervisor DATE 8/8/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 9-20-84

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side