

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 ☐  
well well 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' FEW  
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\* ☐

## SUBSEQUENT REPORT OF:

(other) open add'l. pay ☒

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.  
25

10. FIELD OR WILDCAT NAME  
El Mar Delaware

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

Sec. 26, T-26S, R-32E

12. COUNTY OR PARISH Lea 13. STATE NM

14. API NO.  
30-025-08290

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 4691'. Spot 2 bbls 7½% HCL-NE-FE from 4630'-4505'.  
Flush w/20 bbls. TFW. Perf w/2 JSPF @ 4607', 08', 09', 10', 11', 12', 13', 14',  
15', & 4616' for total of 20 hdes. Set pkr. @ 4538'. Break down from  
4594'-4616' w/15 bbls 7½% HCL-NE-FE. Divert w/150# rock salt in  
3 bbls. 9# brine. Pmpd 15 bbls 7½% HCL-NE-FE. Flush w/30 bbls TFW.  
Rel pkr. Run GR Temp log to 4665'. Foam frac. in 2 stages w/total

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

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

SIGNED David A. Smylie TITLE Administrative Supervisor DATE 12/3/84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

of 116 bbls. 70 quality foam, 50 bbls. w/ 1.0 ppg 20/40  
§ 78 bbls. w/ 2.0 ppg. 20/40 sand and radioactive iodine  
8 BPM. Divert each stage w/ 150# rocksalt in 3 bbls 70  
quality foam. Flush w/ 15 bbls. 70 quality foam. Run GR-  
temp. log. CO from 4668' - 4691'. SN @ 4621'. Run  
prod. equipment and place well on prod. Pmpd. 6 BO,  
65 BW § 7 MCF in 24 hrs. on 10/20/84.