

N. M. OIL CONS. COMMISSION
P. O. BOX 10
HOBBS, NEW MEXICO 88240
UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 ☐
well well other

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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) OPEN ADD'L PAY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

5. LEASE
LC-030186 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
CLINE A-15

9. WELL NO.
3

10. FIELD OR WILDCAT NAME
LANGLIE MATTIX 7 RURS. QN.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 15, T23S, R37E

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 2/11/84. CO TO 3670'. PERF W/2 JSPF @ 3550', 3569', 3598', 3605', 3611', + 3630'. ACIDIZED W/47 BBLS 15% HCL-NE-FE, 100 LBS ROCKSALT, GUAR GUM, + 4 BBLS 10 PPG BRINE. FLUSHED W/58 BBLS TFW. SWBD. RAN PROD EQUIP. PMPD 10 BO, 2 BW, + 22 MCF IN 24 HRS 3/9/84.

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

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE 4/5/84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY GWC TITLE _____ DATE _____
CONDITIONS OF APPROVAL MEANY: 8 1984

Carlsbad, NEW MEXICO • See Instructions on Reverse Side

RECEIVED

MAY 22 1984

O.C.D.
HOBBS OFFICE