

N. M. OIL CONS. COMMISSION

P. O. BOX 19.

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 well ☒ gas well ☐ other ☐

2. NAME OF OPERATOR  
CONOCO INC.

3. ADDRESS OF OPERATOR  
P. O. Box 400, 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) OPEN ADD'L PAY ☒

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 RVRS. QN.

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

SEC. 15, T-23S, R-37E

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. CO TO 3671'. PERF W/2 JSPF @ 3550', 3569', 3598', 3605', 3611', + 3630' (TOTAL 12 PERFS). SET PKR @ 3250'. ACIDIZE PERFS W/32 BBLs 15% HCL-NE-FE, 60 LBS ROCK SALT IN 1 BBL 10 PPG BRINE, + 50 LBS GUAR GUM. FLUSH W/24 BBLs 2% KCL TFW. SWAB. REL PKR. RUN PROD. EQUIP. TEST.

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 10/12/83

APPROVED  
(ORIG. SGD.) DAVID R. GLASS  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DEC 1 1983