

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 well ☒ gas 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: 660' 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:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

Rig up and Kill well w/ TFW, if necessary. Pull rods and pump. Run 6 1/4" bit and 7" csg scraper. CD to 3200'. Poot H w/ tbg, bit, & scraper. Run tbg. Pump 2000 gals. 15% HCl-NE-FE. Divert w/ 500 gals. 10lb. brine w/ 500 lbs rock salt in 20 lb./1000 gals guar gum. Pump 2000 gals. 15% HCl-NE-FE. Divert w/ 500 gals 10lb brine w/ 500 lbs. rock salt in 20 lb/1000 gals. guar gum. Pump 2000 gals 15% HCl-NE-FE. Flush w/ 1050 gals. TFW. Shut well in for 2 hour. Swab back live acid & run production equipment. Place well on production and test.

Verbal approval received per George Stewart 10/15/80.

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

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

SIGNED W. A. D. [Signature] TITLE Admin. Supr. DATE 10/15/80
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED

OCT 23 1980

For DISTRICT SUPERVISOR

USGS 5
NMFU 4
File 2