

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: *1980' FNL 8660' FNL*
AT TOP PROD. INTERVAL: *same*
AT TOTAL DEPTH: *same*
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:

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MAR 12 1980

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE
LC 030168A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
Eaves A
9. WELL NO.
9
10. FIELD OR WILDCAT NAME
Seaborough - Yates 7 Rivers
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T-26S, R-37E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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 2-23-79. Cleaned out well to 3247'. Spotted 126 gal. 15% HCl-NE from 3186' to 3063'. Perf. @ 3120' - 3125', 3134' - 3138', 3149' - 3151', 3155', 3178' - 3186' w/ 4 JSPP. Acidize from 3165' to 3210' w/ 800 gal. 15% HCl-NE. Flush. Pump in 30 bbl's. scale inhibitor. Acidize from 3090' to 3170' w/ 800 gal. 15% HCl-NE. Flushed & swabbed. Ran 2 7/8" +bg., set @ 3160'. Placed well on production.

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

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

SIGNED *Wm. A. Benterfich* TITLE *Admin. Supervisor* DATE *3/10/80*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

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OIL CONSERVATION DIV.

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