

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 ☐
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: *2310' FNL & 990' FEL*
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"/> |
| FRACTURE TREAT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input checked="" type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> |
| (other) | <input type="checkbox"/> |

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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.)*

It is proposed to reperf. & acidize subject well as follows:
MIRU & kill well. Tag for fill & CO to 3276' if necessary. Perf.
@ 3175'-3178', 3181'-3184', 3190'-3193' w/ 2 JSF. Pump in
1500 gals. 15% HCl-NE acid. Flush w/ 20 bbls. TFW. Swab.
Chemical squeeze w/ 6 drums TH-814 & 1.5 gals SC-120 in 60 bbls.
TFW. Flush well. GIN w/ MA, SN, tbg. & rods. Resume production
Note: Verbal approval received from Jim Gillham 1-7-80

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

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

SIGNED Wm G. D. D. D. TITLE Admin. Supervisor DATE 1-8-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

4565-5
NRFH-4
FILE

TITLE _____ DATE _____

APPROVED

JAN 21 1980

ACTING DISTRICT ENGINEER

2010
OIL CONSERVATION DIV.

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JAN 15 1980

OIL CONSERVATION DIV.