

N. M. OIL & GAS COMMISSION
P. O. BOX 1020
HOBBES, 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 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL + 330' 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"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input checked="" type="checkbox"/> | <input 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 type="checkbox"/> |

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 TD (3268'). SPOT 6 BBLs 15%
HCL-NE-FE 2991'-3243'. PERF W/ 2 JSPF @
3074', 87', 99', 3107', 11', 24', 48', 71', 89', 92', 3205', +
W/ 1 JSPF @ 3140', 61', 64', 85', 96', 97', 3212', 14', 29',
40', 43' (TOTAL 33 PERFS). SET PKR @ 3025'.
ACIDIZE W/ 50 BBLs 15% HCL-NE-FE, 100 LBS ROCK
SALT, + 2 BBLs 10 PPG GELLED BRINE. FLUSH W/ 23
BBLs 2% KCL TFW. SWAB. REL PKR. RUN
PRODUCTION EQUIPMENT. TEST.

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

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

SIGNED Wm. G. Butterfield TITLE Administrative Supervisor DATE 11/3/83

(ORIG. SGD.) DAVID R. GLASS

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

DEC 1 1983

5. LEASE
LC-030167 (A)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
McCALLISTER A

9. WELL NO.
5

10. FIELD OR WILDCAT NAME
SCARBROUGH YATES 7 RIVERS

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 25, T-26S, R-36E

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.)

