

COPY TO O. G. S.

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 ☒ 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 & 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:

- ☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
LC-0301686
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
N.M.F.U.
8. FARM OR LEASE NAME
Eares B-1
9. WELL NO.
15
10. FIELD OR WILDCAT NAME
Scarborough-Yates 78vrs
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 30, T-26S, R-37E
12. COUNTY OR PARISH *Lea* 13. STATE *N.M.*
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
2944'

(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.)*

It is proposed to co, perf., & treat subject well as follows:

*MIRU & Kill well if necessary. Co esg. to 3230'. Spot 126 gal.
15% HCl-NE from 3220' to 3095'. Perf @ 3092', 3094', 3106', 3114', 3121',
3124', 3132', 3140', 3148', 3168', 3174', 3186', 3197', 3216', 3220' w/
1 JSPP (15 holes). Pmp. 1890 gal. 15% HCl-NE acid mixed w/ 51 gal.
scale inhibitor. Flush & swab well. Gitt w/ production equipment,
setting SN @ 3150'. Return to production.*

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

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

SIGNED *W. A. Putterbaugh* TITLE _____

DATE *10/26/79*

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

*4565-5
NMFU-4
FILE*

TITLE _____

DATE _____

APPROVED
OCT 29 1979
OK Hall
ACTING DISTRICT ENGINEER

RECEIVED

RECEIVED

OCT 20 1965

O.C.D. HOBBS, OFFICE