

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

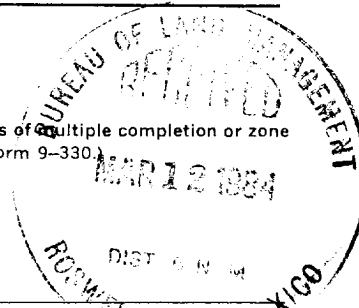
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9-331-C for such proposals.)

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: 660' FSL + 2540' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
LC-030168(A)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
EAVES A
9. WELL NO.
15
10. FIELD OR WILDCAT NAME
SCARBOROUGH YATES 7 Rvrs.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 19, T26S, R37E
12. COUNTY OR PARISH
LEA
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

- 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 type="checkbox"/> | <input checked="" 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 type="checkbox"/> | <input checked="" type="checkbox"/> |

(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.)*

MIRU 1/7/84. SET RBP @ 3204' + PKR @ 3200'.
TESTED RBP TO 1000 PSI. REL PKR. PERF
w/ 1 JSPP @ 3132', 43', 47', 51', 56', 89', 91', + w/ 2 JSPP
@ 3082', 86', 3109', 12', 15', 24', 38', + 3176'. ACIDIZED
PERFS w/ 48 BBLs 15% HCL-NE-FE. FLUSHED w/ 27
BBLs TFW. SWBD. RAN SUBMERSIBLE PUMP w/ TOP
@ 3070'. PMPD 65 BO, 1083 BW, + 3 MCF
IN 24 HRS 1/17/84.

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

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 3/9/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

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

MAY 15 1984

Culstad, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

MAY 18 1984

O.C.D.
HOBBS OFFICE