Form 9-331
Dec. 1973

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form Approved.
Budget Bureau No. 42-R1424

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE
LC-068281(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Russell ~~Fed.~~ 17 Fed.

9. WELL NO.
13

10. FIELD OR WILDCAT NAME
East Mason Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T-26S, R-32E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

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'FSL & 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		☐
(other) Complete			✓

RECEIVED
JAN 27 1983
OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

(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.)*

Perf w/2 JSPF 4357', 61', 64', 67', 68', 72', 74', 77', & 4380'. Total 18 shots. Set pkr @ 4240'. Loaded backside w/1000 gals 2% KCL TFW, 2700 gals 15% HCL-NE-FE & 1470 gals lease crude. Oil & Sand Frac (4354-4380') w/6000 gals gelled oil pad, 15,000 gals gelled oil, 39000# 12/20 sd & 1029 gals gelled oil flush. Rel. pkr. Ran production equipment. Tested 1-17-83: 1280, 156 BW, & 53 MCF in 24 hrs.

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

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

SIGNED John A. Buttrum TITLE Administrative Supervisor DATE 1-25-83

(This space for Federal or State office use)

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

ACCEPTED FOR RECORD
AUG 23 1983

*See Instructions on Reverse Side