

HOBBS, NEW MEXICO 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: 330' FNL + 2310' 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) DRILL OUT + PERF ☒

## SUBSEQUENT REPORT OF:

☐☐☒☐☐☐☐☐☒

5. LEASE

LC-032581 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

SHOLES B-13

9. WELL NO.

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10. FIELD OR WILDCAT NAME

JALMAT YATES 7 Rvrs. QN.

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 13, T25S, R36E

12. COUNTY OR PARISH

LEA

13. STATE

NM

14. API NO.

30-025-09756

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

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

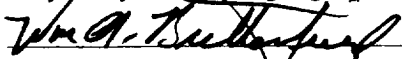
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

MIRU 7/11/84. DO cmt 2930'-3032'. SPOTTED 6 BBLs 15% HCL-NE-FE 2780'-3032'. PERF w/1 JSPF @ 2923', 25', 30', 31', 68', 73', 80', 3003', 09', + 3015'. SET PKR @ 2743'. ACIDIZED w/ 58 BBLs 15% HCL-NE-FE. FLUSHED w/ 23 BBLs TFW. SWBD. REL PKR. RAN PROD EQUIP. PMPD 16 B0, 2 BW, + 59 MCF IN 24 HRS 8/2/84.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED



TITLE Administrative Supervisor

DATE

8/6/84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL

AUG 7 1984



NEW MEXICO

\*See Instructions on Reverse Side

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