

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 FSL & 660 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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

CHANGE ZONES ☐

ABANDON* ☐

(other) Plugback and open add'l pay ☒

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 7-17-84. Set Cmt retainer @ 2887'. Squeeze perfs 2892'-2942' w/ 50 SXS class "C" w/ 4% CaCl_2 . Spot 2 bbls 15% HCL-NE-FE 2796'-2887'. Perf w/ 2 JSPF @ 2868'-2878' (22 perfs). Set pkr @ 2748'. Acidize w/ 20 bbls 15% HCL-NE-FE. Flush w/ 40 bbls TFW. Rel. pkr. Ran prod equip. Pmpd 80 BO, 0 BW, & 24 MCF in 24 hrs 8-1-84.

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

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

SIGNED Wm A. Kesteven TITLE Administrative Supervisor DATE 8-15-84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL AUG 22 1984

[Signature]

5. LEASE
LC - 032581 (A)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
NMFU
8. FARM OR LEASE NAME
SHOLES A
9. WELL NO.
3
10. FIELD OR WILDCAT NAME
Jalmat Yates 7 Rvrs.
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 24, T25S, R36E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
30-025-09796
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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

RECEIVED

AUG 24 1984

G.C.D.
HOBBY OFFICE