

UNITED STATES **BLM - CARLSBAD**
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 ☒ gas ☐ other ☐
well well

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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) PLUG BACK + OPEN ADD'L PAY

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

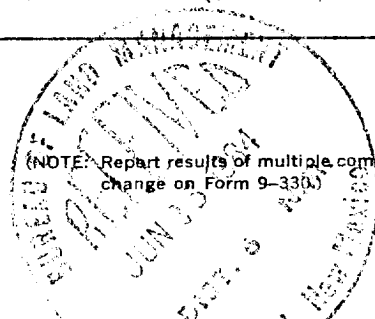
LEA

13. STATE

NM

14. API NO.

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



(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

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. CO TO TD. SET CMT RETAINER @ 2886'. SQUEEZE PERFS 2892'-2942' w/50 3x5 CLASS "C" w/2% CaCl₂. SPOT 2 BBLs 15% HCL-NE-FE 2796'-2878'. PERF w/2 JSPPF @ 2868'-2878' (22 PERFS). SET PKR @ 2770'. ACIDIZE w/20 BBLs 15% HCL-NE-FE. FLUSH w/19 BBLs TFW. REL PKR. RUN PROD EQUIP. TEST.

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

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

SIGNED M. E. Bingham TITLE Administrative Supervisor DATE 6/22/84

(This space for Federal or State office use)
APPROVED BY R. P. Kline TITLE P.E. DATE 7/9/84
CONDITIONS OF APPROVAL, IF ANY:

RECEIVED

JUL 13 1984

O.C.D.
HOBBS OFFICE