

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 ☒ 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: 660' FNL + 1980' 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) OPEN ADD'L PAY

SUBSEQUENT REPORT OF:

☐
☐
☒
☐
☐
☐
☐
☐
☒

5. LEASE

NM-0321613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMFU

8. FARM OR LEASE NAME

JACK B-26

9. WELL NO.

1

10. FIELD OR WILDCAT NAME

JUSTIS BLINERY

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

SEC. 26, T24S, R37E

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 9-330.)

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 2/2/84. CO TO 5740'. SPOTTED 500 GALS 15% HCL-NE-FE. PERF W/2 JSPF @ 5403' 39', 66', 5533', 84', 94', 98', + 5693' (16 PERFS). SET PKR @ 5120'. ACIDIZED PERFS W/4500 GALS 15% HCL-NE-FE + 135 GALS CHECKER SOL. FLUSHED W/30 BBLs TFW. SWBD. REL PKR. RAN PROD EQUIP. PMPD 4 BO, 20 BW, + 103 MCF IN 24 HRS 2/17/84.

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

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

SIGNED Wm. C. Butterfield TITLE Administrative Supervisor DATE 3/9/84

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

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

MAY 15 1984

Carlsbad,

NEW MEXICO *See Instructions on Reverse Side

RECEIVED

MAY 18 1984

O.C.D.
HOBBBS OFFICE