

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

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

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: 990' 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) _____

SUBSEQUENT REPORT

☐

☐

☐

☐

☐

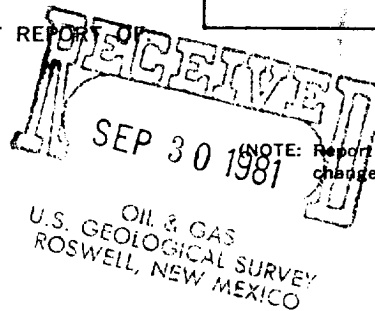
☐

☐

☐

☐

☐



5. LEASE

NM 0321613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

NMELL

8. FARM OR LEASE NAME

Jack B-17

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

Jalmat Yates Gas

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

Sec. 17, T-24S, R-37E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

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

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.)*

CO to 3200'. Set pkr at 2700'. Acidize w/ 35 bbls. 15% HCL-NE-FE. Flush w/ 13 bbls. 10ppg brine. CO to 3200'. Swab. Run tbg. to 2800'. Load tbg. w/ 454 gals. 100% CO₂. Frac down csg.-tbg. annulus as follows: Pmp total 1143 bbls frac fluid w/ 84,000 #20/40 & 10/20 sd. Flush w/ 51 bbls. 100% CO₂. Place well on test.

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

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

SIGNED Wm. A. Butler TITLE Administrative Supervisor

DATE September 28, 1981

(This space for Federal or State office use)

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

DATE SEP 30 1981
DAF.
JAMES A. GILLHAM
DISTRICT SUPERVISOR