

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COMMISSION
P. O. BOX 1300
ALBUQUERQUE, NEW MEXICO 88240

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: 2310' FSL + 330' 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:

☐
☒
☒
☐
☐
☐
☐
☐
☒

(other) COMPLETE

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.

8

10. FIELD OR WILDCAT NAME

JALMAT GAS

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 9-330.)

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 1/14/84. SET RBP @ 2790'. SPOTTED 3 BBLs 15% HCL-NE-FE. PERF W/ 1 JSPF @ 2658', 64', 70', 79', 96', 2702', 10', 27', + 2734'. (9 PERFS) SET PKR @ 2639'. ACIDIZED W/ 18 BBLs 15% HCL-NE-FE. FLUSHED W/ 13 BBLs BRINE. REL PKR. FRAC'D W/ 350 BBLs GELLED TFW, 150 BBLs METHANOL, 68,000 LBS 20/40 SAND, 15,000 LBS 10/20 SAND, + 221,000 LBS CO2. FLOWED 2568 MCFPD CAOF + 1 BW 1/23/84. WELL SHUT-IN PENDING GAS CONNECTION.

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

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

SIGNED W. A. Rutherford TITLE Administrative Supervisor DATE 3/28/84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY G. W. Q. TITLE _____ DATE _____

CONDITIONS OF APPROVAL MAY 17 1984

Carlsbad

NEW MEXICO • See Instructions on Reverse Side

RECEIVED
MAY 22 1984
O.C.D.
HOBBS OFFICE

RECEIVED

MAY 22 1984

O.C.D.
HOBBS OFFICE