

N. M. OIL CONS. COMMISSION  
 P. O. BOX 1980  
 HOBBS, NEW MEXICO

Form 9-331  
 Dec. 1973

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 well  gas well  other

2. NAME OF OPERATOR  
 CONOCO INC.

3. ADDRESS OF OPERATOR  
 P. O. Box 460, Hobbs, N.M. 88240

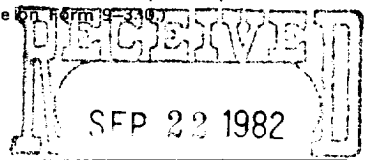
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
 AT SURFACE: 2442' R5L9 432' FEL  
 AT TOP PROD. INTERVAL:   
 AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>		<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>		<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>		<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>		<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>		<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>		<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>		<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>		<input type="checkbox"/>
(other)	<input type="checkbox"/>		<input type="checkbox"/>

5. CASE  
 LC-029405(b)  
 6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
 7. UNIT AGREEMENT NAME  
 MCA  
 8. FARM OR LEASE NAME  
 MCA Unit  
 9. WELL NO.  
 362  
 10. FIELD OR WILDCAT NAME  
 Maljamar (G/SA)  
 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
 Sec. 20, T-17S, R-32E  
 12. COUNTY OR PARISH  
 Lea  
 13. STATE  
 N.M.  
 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 9-15-82

Acidize 9th zone w/500 gal acid at 1700 psi.  
 Swab. Chemically inhibit 9th zone w/ NALCO  
 scale inhibitor & flush w/150 BTFW. Start  
 producing.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED W. A. Tuttle TITLE Administrative Supervisor DATE 9-20-82

ACCEPTED FOR RECORD This space for Federal or State office use)  
 APPROVED BY PETER W. CHESTER TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 CONDITIONS OF APPROVAL, IF ANY:  
 SEP 29 1983

\*See Instructions on Reverse Side

RECEIVED

OCT 3 1983

O.C.D.  
HOBBS OFFICE