

RECEIVED

RECEIVED
JAN 26 1907
DEPT. OF AGRICULTURE

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: 660' FSL & 1980' FEL
 AT TOP PROD. INTERVAL:
 AT TOTAL DEPTH:

5. LEASE LC-061842

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Miller BX

9. WELL NO. 5

10. FIELD OR WILDCAT NAME Maljamar G/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14 T-17S R-32E

12. COUNTY OR PARISH Lea 13. STATE NM

14. API NO. 30-025-00547

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

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 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) Plugback G/SA	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(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 11-2-84. Squeeze Grayburg from 3946'-4300' w/200 sxs class "C" cmt. Set retainer @ 3400'. Press perms 3818'-3924' to 2400 psi. Circ. hole w/ pkr. fluid.

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

18. I hereby certify that the foregoing is true and correct
 SIGNED David A. Emyle TITLE Administrative Supervisor DATE 12/3/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL IF ANY: 1984

P. O. BOX 1980 UNITED STATES
HOBBS, NEW MEXICO 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: 660' FSL + 1980' 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 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 checked="" type="checkbox"/> Plug Back Grayburgh - San Andres	

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

5. LEASE LC-0618420

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME Miller BX

9. WELL NO. 5

10. FIELD OR WILDCAT NAME Maljamar G/5A

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-17S, R-32E

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.)*

MIRU. Cmt csg from 4300' - 3946' as follows: 16 BBLs salt saturated brine, 12 BBLs FW, 20 BBLs Flow check, 200 5x5 class "C" cmt + flush w/ 14 BBLs FW. Plug back to 3400' as follows: establish free point. Cut off tbg @ 3500' or @ free point. If free point is above 3300' contact Carey Darr for procedure change. Set cmt. retainer @ 3400' or the cut-off @ the free point. Pump 20 5x5 class "C" cmt below cmt. retainer. Flush w/ 13.16 BBLs FW. ~~Run production equip.~~

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

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

SIGNED W.A. Dutterfield TITLE _____ ADMINISTRATIVE SUPERVISOR DATE 10/15/84

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE CARLEBAD DATE 10-25-84
CONDITIONS OF APPROVAL, IF ANY:

NO. OF COPIES RECEIVED	
DISTRIBUTION	
ANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-111
Effective 1-1-55

Operator Conoco Inc.
 Address P.O. Box 460, Hobbs, New Mexico 88240
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of: Dry Gas
 Recompletion Oil Condensate
 Change in Ownership Casinghead Gas
 Change of corporate name from Continental Oil Company effective July 1, 1979.

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Miller BX</u>	Well No. <u>5</u>	Pool Name, including Formation <u>Maljamar G-SA</u>	Kind of Lease State, Federal or Fee	Lease No. <u>LC061842</u>
Location Unit Letter <u>D</u> ; <u>660</u> Feet From The <u>S</u> Line and <u>1980</u> Feet From The <u>E</u> Line of Section <u>14</u> Township <u>17</u> Range <u>32</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Texas-New Mexico Pipeline Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 1510, Midland, Texas</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Conoco Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 460 Hobbs, N.M.</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Restr.	Dist. Restr.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

[Signature]
(Signature)
Division Manager
(Title)
6-14-79
(Date)

NMOCD (5)

USGS(2) NMFUC(4) FILE

OIL CONSERVATION COMMISSION
JUL 11 1979
APPROVED _____, 19____
BY [Signature]
TITLE District Supervisor

This form is to be filed in compliance with RULE 1104.
 If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
 All sections of this form must be filled out completely for allowable on new and recompleted wells.
 Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
 Separate Forms C-104 must be filed for each pool in multiply completed wells.