

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
P. O. BOX 1980
HOBBS, 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 injection 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: 1980' FSL & 1980' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
- 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- 5. LEASE
LC-058698(a)
- 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
- 7. UNIT AGREEMENT NAME
MCA
- 8. FARM OR LEASE NAME
MCA Unit Bty 4
- 9. WELL NO.
78
- 10. FIELD OR WILDCAT NAME
Malamar G/SA
- 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 23, T-17S, R-32E
- 12. COUNTY OR PARISH
Lea
- 13. STATE
NM
- 14. API NO.
30-025-00667
- 15. ELEVATIONS (SHOW DF, KDB, AND WD)

- | | | | |
|-----------------------------------|-------------------------------------|-----------------------|--------------------------|
| 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 checked="" type="checkbox"/> | | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input checked="" 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) <u>run liner; acidize</u> | | | |

(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. Fill OH section to 3920' w/325 sxs. oyster shells. Spot 100 lbs. Cal-Seal on top of shells. Run 400' of 4 1/2", 10.5# csg w/top @ 3515'. Cement w/60 sxs class "C". WOC 24 hrs. Pressure test liner top to 1200 psi surface pressure. DO cnt, Cal-Seal top & shells to a TD of 4210'. Set pkr @ 3900'. Acidize G/SA 3930'-4210' w/85 bbls. 15% HCl-NE-FE. Flush w/25 bbls. 2% KCL TFW. Swab. Return to injection.

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

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

SIGNED David A. Smylie TITLE Administrative Supervisor DATE 12/7/84

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

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY
DEC 10 1984

[Signature]

RECEIVED

DEC 13 1984

O.C.D.
HOBBY OFFICE