

UNITED STATES OF AMERICA  
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: 1980' FSL & 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) C.O. & stimulate

SUBSEQUENT REPORT OF:

☐  
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5. LEASE

LC-057210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

181

10. FIELD OR WILDCAT NAME

Malamar G/SA

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

Sec. 27, T-17S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

30-025-00724

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. CO to 3943'. Pmpd. 22 BFW pad. Flushed w/22 BFW.  
CO to TD @ 4094'. Spot 15 bbls 10% acetic acid. Hydrojet  
4085'-3935' twice every 10' using 3 bbls jet. SN @ 3686'.  
Run producing equipment. Pmpd 76 BO and 155 BW on  
11-14-84.

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

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

SIGNED David A. Smyth TITLE Administrative Supervisor DATE 12/10/84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DEC 12 1984

Carlslund

NEW MEXICO

\*See Instructions on Reverse Side