Form 9-331 Dec. 1973

H. M. OIL CONS COMMISSION
P. O. BOX 108
HORDS NEW MUNICO 222
UNITED STATES

Form Approved. Budget Bureau No. 42-R1424

DEPARTMENT OF THE INTERIOR

5. LEASE		,	_
LC-	029509	(A)

DEPARTMENT OF THE INTERIOR		
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
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.)	7. UNIT AGREEMENT NAME MCA UNIT	
1. oil gas well other WATER NIECTION	8. FARM OR LEASE NAME MCA UNIT Sty 2 9. WELL NO.	
2. NAME OF OPERATOR	<u> </u>	
CONOCO INC. 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME MALJAMAR G/SA	
P. O. Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)		
AT SURFACE: 2615 FNL + 25 FWL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	12. COUNTY OR PARISH 13. STATE	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)	
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) NFORMATION	(NOTE: Report results of multiple completion or zone change on Form 9–330.)	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat- including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner	irectionally drilled, give subsurface focations and	
MIRU 7/15/81. ACIDIZED 4038	'-4102' w/2500 GALS	
15% HCL-NE-FE. SQUEEZED PER	FS 3823'-3901' w/50	
SXS CLASS "C" ACIDIZED 3709	'- 3754' W/2000 GALS	
15% ACID. CO TO 3950'. S	QUEEZED PERFS 3595'-	
3605' W/75 SXS CLASS "C".	. RAN INJECTION	
EQUIP W/PKR SET @ 3633	! INT 550 BWPD	
@ 625 PSI 7/22/81.		
Subsurface Safety Valve: Manu. and Type	Set @ Ft.	
18. I hereby gertify that the foregoing is true and correct		

TITLE Administrative Supervisor DATE

______ DATE __

(This space for Federal or State office use)

___ TITLE _

APPROVED BY CONDITIONS OF APPROVMAY 18 1984