

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' FNL & 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

5. LEASE
LC-058697 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA Unit

8. FARM OR LEASE NAME
MCA Unit 12th

9. WELL NO.
134

10. FIELD OR WILDCAT NAME
Mahamar G/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 30-17S-32E

12. COUNTY OR PARISH | 13. STATE
Lea | NM

14. API NO.
30-025-12701

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 checked="" 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"/>

(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. Spot 370 gals scale converter from 4301'-4320'. Spot 40 gals 15% HCL-NE-FE from 4150'-4090'. Log 4285'-2295'. Perf w/ 1 JSPF @ 4101', 02', 03', 04', 05', 06', 28', 32', 34' & 36' for total of 10 holes. Set RBP @ 4155' & pkr @ 4018'. Frac w/ total of 6000 gals 40# gelled fluid & 9500 lbs. 20-40 sand. Flush w/ gelled fluid. Swab. Rel pkr. CC to 4297'. Ran producing equipment. Pumped 2 BO & 22 BW on 11-21-84.

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 1/3/85

(This space for Federal or State office use)

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

(Handwritten signature)