

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 **OIL & GAS CONOCO INC. MINERALS MGMT. SERVICE**

3. ADDRESS OF OPERATOR **ROSWELL, NEW MEXICO P. O. Box 460, Hobbs, N.M. 88240**

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: **1295' FNL & 1365' FWL**
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

5. LEASE **LC-029410(b)**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME **MCA Unit**

8. FARM OR LEASE NAME **MCA Unit Bty 1**

9. WELL NO. **310**

10. FIELD OR WILDCAT NAME **Maljamar (G/SA)**

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

12. COUNTY OR PARISH **Lea** 13. STATE **N.M.**

14. API NO.

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

PULL OR ALTER CASING

MULTIPLE COMPLETE

CHANGE ZONES

ABANDON*

(other) Shut off water flow

(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.)*

Clean out hole to 3970'. GIH w/RBP and pKr.
Pressure test to locate casing leak. Set RBP 60' below and pKr 50' above leak. Cement squeeze procedure to be determined at that time.

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

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE 8-25-82

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
(This space for Federal or State office use)

CONDITIONS OF APPROVAL, IF ANY:
AUG 30 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side