UNITED STATES

DEPARTMENT OF THE INTERIOR

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IF INDIAN, ALLOTTEE OR TRIBE NAME

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			
1. oil gas well other	8. FARM OR LEASE NAME MILLER BX 9. WELL NO.			
2. NAME OF OPERATOR CONOCO INC.	10. FIELD OR WILDCAT NAME			
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	MALJAMAR (G-SA) 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA			
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: 1980 FSL + 660 FEL	SEC. 14, T-175, R-32E 12. COUNTY OR PARISH 13. STATE			
AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	LEA NM			
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)			
TEST WATER SHUT-OFF	(NOTE: Report results of multiple results of m			
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 ON G/2/83. CO FROM 4293'TO 4430'. PERF THE GRAYBURG W/2 JSPF @ 4083'-94', 4099'-4105', 4111'-21', 39'-47', 55'-62', 4226'-4240' (TOTAL 112 SHOTS). SET RBP@4270'4 PKR@4008'. ACIDIZE 4083'-4240' W/3000 GALS 1570 LSTNE-FE-HCL, 400 LBS ROCKSALT, 4 12 LBS GUAR GUM. FLUSHED W/22 BBLS TFW. SWAB. INHIBIT W/1 DRUM CHEMICAL MIXED IN 10 BBLS 270 KCL TFW PLUS 3BBLS 10 LB BRINE W/250 LBS ROCKSALT 4 GUAR GUM. FLUSHED W/225 BBLS 270 KCL TFW. RESET RBP@4043'. SPOTTED 95 GALS ACID 3896'-3990'. PERF UPPER GRBG. W/2 JSPF@3896'-3900',3946'-52', 86'-3990'. SET PKR@3816'. ACIDIZE 3896'-3990' W/60 BBLS 1570 ACID. FLUSHED W/19 BBLS TFW. PUMPED 480 GALS INHIBTOR MIXTURE. FLUSHED W/90 BBLSTFW. SUBSUFFACE Safety Valve: Manu. and Type 19 BO, 24 BW, 21 MCF ON 6/20/83. 18. I hereby ceptify that the foregoing is true and correct				
SIGNED WWO Tulbufue TITLE Administrative Supervisor DATE 6/22/83				

(This space for Federal or State office use)

_ TITLE .

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

_ DATE __

AUG 23 1983

AUG 25 1983 HOBBS OFFICE

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