

Form 9-331  
Dec. 1973Form Approved.  
Budget Bureau No. 42-R1424UNITED 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 ☒ gas ☐ other ☐  
well well2. NAME OF OPERATOR  
CONOCO INC.3. ADDRESS OF OPERATOR  
P. O. Box 460, Hobbs, N.M. 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 660' FSL & 660' 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) ☐

## SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
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☐  
☐  
☐  
☐

## 5. LEASE

LC-029509 (a)

## 6. IF INDIAN, ALLOTTEE OR TRIBE NAME

## 7. UNIT AGREEMENT NAME

MCA Unit

## 8. FARM OR LEASE NAME

MCA Unit Bly. R

## 9. WELL NO.

93

## 10. FIELD OR WILDCAT NAME

Maljamar G-SA

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

Sec. 21, T-17S, R-32E

## 12. COUNTY OR PARISH

Lea

## 13. STATE

N.M.

## 14. API NO.

## 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. Tag for fill. Pooty rods & tbg. CD if needed. Gitt up pkr to 3500'. Open by-pass valve & pmp 700 gals 15% HCl-NE. Close valve & pmp 1300 gals 15% HCl-NE followed by 500 gals diverting agent (250# rock salt & 250# benzoic acid in 10ppg brine). Pmp 2000 gals acid followed w/ tbg capacity plus 5 bbls TFW. Swab back load. Pooty up pkr. Place well on production. Test

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

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

SIGNED Wm. A. Winterfeldt TITLE Administrative Supervisor DATE December 5, 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:DATE DEC 12 1980USGS  
File 1