Form 9-331 Dec. 1973

Form Approved.

୬ ∵Budget Bureau No. 42-R1424 UNITED STATES 5. LEASE DEPARTMENT OF THE INTERIOR LC-029509 (a) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME **GEOLOGICAL SURVEY** 7. UNIT AGREEMENT 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.) MCA Unit 8. FARM OR LEASE NAME MCA Unit gas V well well other 9. WELL NO. 2. NAME OF OPERATOR 10. FIELD OR WILDCAT NAME CONOCO INC. Maljamar G-SA 3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240 11. SEC., T., R., M., OR BLK. AND SURVEY OR 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 Sec. 21, T-175, R-32E AT SURFACE: 660 FSL \$ 1980 FWL 12. COUNTY OR PARISH 13. STATE AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 14. API NO. 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA 15. ELEVATIONS (SHOW DF, KDB, AND WD) SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (NOTE: Report PULL OR ALTER CASING change on Form 9-330.) MULTIPLE COMPLETE **CHANGE ZONES** ABANDON* (other) 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. 1/14/81. Set pkr at 3500! Pmp 4000 gals. 15% HCL-NE in 2 st Divert w/ 250 + rock salt \$250 + benzoic acid flakes. Flush w/ 10ppg brine. Swabbed back load. Placed on production. Tested 62 BD, 134BW on 1/17/81.

Subsurface Safety Valve: Manu. and Type _ 18. I hereby certify that the foregoing is true and correct TITLE Administrative Supervisor tebruaru DATE ACCEPTED FOR (This space for Federal or State office use) DATE APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

ROSWELL, NEW MEXICO