

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, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1920' FSL & 810' FEL

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) Repair csg & perf add'l pay

SUBSEQUENT REPORT OF:

5. LEASE

LC - 029509 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BAISH A

9. WELL NO.

8

10. FIELD OR WILDCAT NAME

Maljamar Abo

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

Sec. 21 - 175 - 32 E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

30-025-00622

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.)*

Attempt to repair parted casing by screwing free section into casing. If this cannot be done run $\pm 1911'$ of new 7" 26# csg and attach w/ csg bowl overshot. Cmt the 9 5/8" 7" csg-csg annulus w/ 315 sxs class "C" neat cmt. Perf 8941'-8987' w/ 2 JSPF (total 44 holes).

Acidize Abo w/ 22 bbls 15% HCL-NE-FE, swb, run prod. equip. Place well on test.

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

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

SIGNED Wm J. Butterfield TITLE Administrative Supervisor DATE 9/4/84

(This space for Federal or State office use)

APPROVED BY L. M. Hall TITLE City DATE 11-9-84
CONDITIONS OF APPROVAL, IF ANY: CD