

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 ☒ gas ☐ other ☐  
well well

2. NAME OF OPERATOR

CONOCO INC.

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, N.M. 88240

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

AT SURFACE: 660' FNL + 660' 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) ☐

SUBSEQUENT REPORT OF:

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5. LEASE

LC-029509 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

BAISH B

9. WELL NO.

4

10. FIELD OR WILDCAT NAME

MALJAMAR (G/SA)

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

SEC. 22, T17S, R32E

12. COUNTY OR PARISH

LEA

13. STATE

NM

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 3/19/84. SET RBP @ 3950'. SPOTTED 100 GALS 15% HCL-NE-FE @ 3890'. PERF W/ 2 JSPP @ 3852', 61', 66', 68', 72', 78', 82', + 3887'. SET PKR @ 3832'. PMPD 10 BBLS 15% ACID. FLUSHED W/ 60 BBLS TFW. SET PKR @ 3799'. PMPD 50 BBLS DUMMY STAGE OF GELLED TFW. REL FRAC EQUIP. CO TO 4107'. RAN PRODUCTION EQUIP. PMPD 2 BD, 14 BW, + < 1 MCF IN 24 HRS 4/13/84.

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

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

SIGNED W. A. Butler TITLE Administrative Supervisor DATE 5/23/84

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL \_\_\_\_\_

ACCEPTED FOR RECORD

MAY 30 1984

\*See Instructions on Reverse Side

NEW MEXICO