

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 injection 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: 6600' FSL & 1980' 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:             |                          | SUBSEQUENT REPORT OF:    |
|--------------------------------------|--------------------------|--------------------------|
| TEST WATER SHUT-OFF                  | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT                       | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE                     | <input type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL                          | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING                 | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE                    | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES                         | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON*                             | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) <u>cmt. squeeze, acidize</u> |                          |                          |

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. Fill OH section to 3630' w/approx. 245 sxs oyster shells. Spot 100 bbls. cal-seal on top of shells. Set 5 1/2" cmt. retainer @ 3168'. Cmt. squeeze production csg. shoe w/50 sxs class "C" cmt. WOC. DO cmt. to 3620'. Pressure test to 2000 psi. DO cal-seal, shells & junk to TD of 4160'. Set pkr @ 3550'. Pump 23 bbls. 15% HCL-NE-FE. Acidize 3875'-4160' w/90 bbls. 15% HCL-NE-FE. Flush w/24 bbls. 2% KCL TFW. Set pkr. @ 3550'. Return well to injection @ 1900 psi surface wellhead pressure.

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

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

SIGNED David A. Smylie TITLE Administrative Supervisor DATE 12/19/84

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE 12-14-84  
CONDITIONS OF APPROVAL, IF ANY:

**Subject to  
Like Approval  
by State**

\*See Instructions on Reverse Side

5. LEASE  
LC-058698(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
MCA
8. FARM OR LEASE NAME  
MCA Unit
9. WELL NO.  
82
10. FIELD OR WILDCAT NAME  
Maljamar G/SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 23, T-17S, R-32E
12. COUNTY OR PARISH  
Lea
13. STATE  
NM
14. API NO.  
30-025-00644
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

RECEIVED

DEC 28 1984

O.C.D.  
HOBBS OFFICE