

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 ☒ well gas ☐ well other ☐
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: **1980' 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 checked="" 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) <input type="checkbox"/>	<input type="checkbox"/>

5. LEASE  
**LC-058698(a)**
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
**MCA Unit**
8. FARM OR LEASE NAME  
**MCA Unit**
9. WELL NO.  
**77**
10. FIELD OR WILDCAT NAME  
**Maljamar G-5A**
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.
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. Pool w/ rods, pmp, tbq. CO to 4123' if needed.  
G1H w/ pkr to 3440'. Open by- press valve. Pmp 700 gals 15% HCl-NE.  
Close valve & pmp 1300 gals 15% HCl-NE. Pmp 500 gals diverting  
agent. (250# Benzoic flakes & 250# rock salt in 500 gals 10ppm brine)  
Pmp 2000 gals 15% HCl-NE. Pmp tbq capacity plus 5BBIs TFW.  
Swab back load. POOT pkr. Put well on production. Test.

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

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

SIGNED *Chas. A. [Signature]* TITLE Administrative Supervisor DATE December 5, 1980

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:45455  
File