II. M. CIL CONS. COMMISS.... P. O. BOX 1980 HOBBS, NEW MEXICO 88240

Form 9-331

Form Approved.

| Dec. 1973 | Budget Bureau No. 42-R1424 |
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| UNITED STATES | 5. LEASE |
| DEPARTMENT OF THE INTERIOR | LC-058408(a) |
| GEOLOGICAL SURVEY | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| SUNDRY NOTICES AND REPORTS ON WELLS | 7. UNIT AGREEMENT NAME |
| (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 |
| 1. oil gas uell other | 9. WELL NO. |
| 2. NAME OF OPERATOR CONOCO INC. | 14-2 |
| 3. ADDRESS OF OPERATOR | 10. FIELD OR WILDCAT NAME Maljaman (G-SA) |
| 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 | AREA |
| below.) AT SURFACE: 1980 FNL \$ 1980 FEL | Sec. 26, T-175, R-32E |
| AT TOP PROD. INTERVAL: | 12. COUNTY OR PARISH 13. STATE |
| AT TOTAL DEPTH: | 14. API NO |
| 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, | 14. AFI NO. |
| REPORT, OR OTHER DATA | 15. ELEVATIONS (SHOW DF, KDB, AND WD) |
| REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: | |
| TEST WATER SHUT-OFF | with the same of the same and the same same same same same same same sam |
| FRACTURE TREAT |)(\V)E\n] |
| SHOOT OR ACIDIZE | |
| PULL OR ALTER CASING | (NOTE: Mepoft results of multiple completion or zone 5 1981 charge on Form 9–330.) |
| MULTIPLE COMPLETE | 2 1301 [2] |
| CHANGE ZONES | CAS |
| (other) U.S. GEOLOG ROSWELL, NE | ICAL SURVEY |
| 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stat including estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner Set phrobelow 4175. Pump 3000 gals 15% LST-NE-FERSET phrobove 4100. Frac w/ 5000 gals. gelled wo | rectionally drilled, give subsurface locations and it to this work.)* |
| Recotably above 4100' Frac and 5000 cale colladion | -L . Jipmo# / F/ / |
| reserpt above the track of Source years, genea wi | ater wy 10,000" sand. Mush wy |
| 000 gals. gelled wfr. Swab. Place on product | tion. Test. |
| · | |
| and the second of the second o | 1 |
| Well was drilled out to 4300. Stimulation pro | cedure requested by 4595 2/ |
| | , |
| | |
| | |
| | |
| Subsurface Safety Valve: Manu. and Type | Set @ Ft. |
| 18. I hereby certify that the foregoing is true and correct | <u> </u> |
| SIGNED WIN A. POLITICAL TITLE Administrative Supervision | isor October 71081 |
| | |
| (This space for Federal or State off | |
| APPROVED S. Sgd.) PETER W. CHESTER | DATE |
| OCT 91981 | |
| FOR | |

See Instructions on Reverse Side

JAMES A. GILLHAM DISTRICT SUPERVISOR