

N. M. OIL CONS. COMMISSION  
P. O. BOX 1000  
HOBBS, NEW MEXICO 88240

Form 9-331  
Dec. 1973

Form Approved.  
Budget Bureau No. 42-R1424

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.)

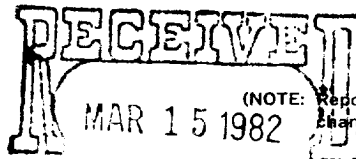
1. oil ☒ well gas ☐ well other ☐
2. NAME OF OPERATOR  
CONOCO INC.
3. ADDRESS OF OPERATOR  
P. O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)  
AT SURFACE: 1980' FNL & 660' FWL  
AT TOP PROD. INTERVAL: —  
AT TOTAL DEPTH: —
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:

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

OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

5. LEASE  
LC-057210
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
MCA Unit
8. FARM OR LEASE NAME  
MCA Unit Bty 3
9. WELL NO.  
148
10. FIELD OR WILDCAT NAME  
Maljamar (G/SA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 27, T-17S, R-32E
12. COUNTY OR PARISH  
Lea
13. STATE  
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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.)\*

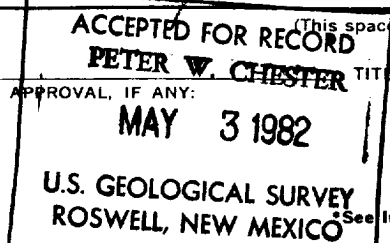
MIRU 1/5/82. CO to 4140'. Acidize w/ total of 4250 gals 15% HCL acid.  
Flushed w/ 900 gals. 10ppg brine. Swabbed. Ran production equipment.  
Tested 1/27/82: 27 BOPD, 155 BWPD  
This well is producing.

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

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

SIGNED Peter W. Chester TITLE Administrative Supervisor DATE March 11, 1982

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



See Instructions on Reverse Side

RECEIVED

MAY 4 1982

O.C.D.  
HOBBS OFFICE