

Form 9-331  
Dec. 1973

N. M. OIL CONS. COMMISSION  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

**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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☐  
☐

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

Majamar (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

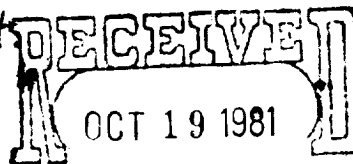
14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

(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.)\*

CO to 4140'. Set pkr. at 4020'. Pump 24 bbls. acid. Flush w/ 27 bbls TFW. Swab. Reset pkr. at 3800'. Pump 24 bbls. acid. Pump 1000# benzoic acid and 1000# rock salt in 24 bbls. 10ppg brine. Pump 2000 gals acid. Pump 27 bbls. TFW. Swab. Test



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

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

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

SIGNED Wm G. Miller TITLE Administrative Supervisor DATE October 16, 1981

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER  
CONDITIONS OF APPROVAL, IF ANY:

OCT 19 1981

FOR

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side