Form Approved.

UNITED STATES DEPARTMENT OF THE INTERIOR **GEOLOGICAL SURVEY**

PULL OR ALTER CASING MULTIPLE COMPLETE **CHANGE ZONES**

CONDITIONS OF APPROVAL, IF ANY:

ABANDON* (other)

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY	5. LEASE LC-057210 (B) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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.)	7. UNIT AGREEMENT NAME MCA 8. FARM OR LEASE NAME
1. oil gas well other 2. NAME OF OPERATOR	9. WELL NO. 183
CONOCO INC. 3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	10. FIELD OR WILDCAT NAME MALTAMAR (G/SA) 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.) AT SURFACE: FSL + 2615 FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	SEC. 27, T-175, R-32E 12. COUNTY OR PARISH 13. STATE LEA NM
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WE)
REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MILITIPLE COMPLETE	(NOTE: Report results of multiple completent of 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.)*

9/15/83. RAN SWEPGE TO BOTTOM OF 200 sxs OYSTER SHELLS DOWN CSG. 3665'- 3755'. SPOTTED 100 LBS CAL - SEAL 19 JTS (728') 14.87# K-55 CSG LINER W/TOP@ 3000'. CMT W/GO SXS CLASS "C". WOC. TESTED DO CMT, CAL- SEAL, & SHELLS TO 1500 PSI. HOLE CLEAN. SET PKR @ 3728'. ACIDIZED OH W/150 BBLS 15% HCL-NE-FE + 400 LBS ROCKSALT 10 PPG BRINE. RAN PRODUCTION EQUIPMENT. 32 BO, 138 BW, + 4 MCF IN 24 HRS 10/20/83.

Subsurface Safety Valve: N	Manu. and Type	Set @ Ft.
18. I hereby certify that the	ne foregoing is true and correct Carlile Han Administrative Super	rvisor DATE 10/26/83
(This/space for Federal or State office use)		
APPROVED BY	TITLE	DATE

ACCEPTED FOR RECORD

DIST, 6 N. M.

RECONTEL

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