

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 ☒ gas ☐
well well other2. NAME OF OPERATOR
CONTINENTAL OIL COMPANY3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FNL + 660' FEL
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:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

5. LEASE

029405(b) LC057210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA UNIT

8. FARM OR LEASE NAME

MCA UNIT

9. WELL NO.

118

10. FIELD OR WILDCAT NAME

MALIAMAR G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

SEC. 28 T.17S R.32E

12. COUNTY OR PARISH 13. STATE

LEA

NM

14. API NO.

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

FEB 23 1979

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.)*

IN ORDER TO RESTORE PRODUCTION IN SUBJECT WELL IT IS PROPOSED TO ACIDIZE THE 6TH, 7TH, 9TH ZONES OF THE G-SA INTERVAL AS FOLLOWS.

MIR4, KILL WELL, pull prod eqpt.

RUN GR-NEUTRON LOG.

CO. TO 4145' IF NECESS.

SET INFLATABLE PKR @ 4010'

PUMP 3200 GALS. 15% HCl-NE

DIVERT w/ 320 GAL. 10^M BRINE + ADD.
RESGT PKR @ 3510'

PUMP 4200 GAL 15% HCl-NE.

DIVERT w/ 400 gals 10^M BRINE + additiveREPEAT 4200 gal. wash.
POOH w/ WORKSTRING.

RUN Prod. Eqpt.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED Wm. R. Butterfield TITLE Admin. Supr. DATE 2-22-79

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:4365 5
NMFL 4
FILE

*See Instructions on Reverse Side

APPROVED

FEB 23 1979

ACTING DISTRICT ENGINEER