

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

P. O. BOX 1980
HOBBS, NEW MEXICO 88240

LC-057210 (B)

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: 660' FSL + 660' FWL
AT TOP PROD. INTERVAL: ✓
AT TOTAL DEPTH: ✓

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME
MCA UNIT

9. WELL NO.
210

10. FIELD OR WILDCAT NAME
MALJAMAR (G-SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 28, T-17S, R-32E

12. COUNTY OR PARISH
LEA

13. STATE
NM

14. API NO.

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

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

- | | | |
|------------------------------|-------------------------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> | <input type="checkbox"/> |
| (other) SQUEEZE CASING LEAKS | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

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

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BUREAU OF LAND MANAGEMENT
ROSSELL DISTRICT

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. TEST CASING FOR LEAKS. IF LEAK IS DETECTED, CEMENT FROM 1450' TO 1550' W/ 200 SXS CLASS "C" W/ 27% CaCl₂ AND 3 LBS SALT/SX. TEST CASING. IF LEAK IS DETECTED, CEMENT FROM 20' TO 300' W/ 100 SXS CLASS "C" W/ 27% CaCl₂. DRILL OUT CEMENT. CO. SET PKR @ 3400'. ACIDIZE OH 3450' - 3912' W/ A TOTAL OF 130 BBLs 15% NE-FE-HCL, 1 DRUM CHEMICAL, 350 LBS ROCKSALT MIXED IN 350 GALS 10 PPG BRINE W/ 10 LBS GUAR GUM. FLUSH W/ 40 BBLs 27% KCL TFW. REL PKR. RUN PRODUCTION EQUIPMENT. TEST.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Wm. A. Butterfield TITLE Administrative Supervisor DATE 7/11/83

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) EDWARD W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 23 1983

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AUG 23 1983

O.C.D.
HODGES OFFICE