

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: 660' FSL + 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:

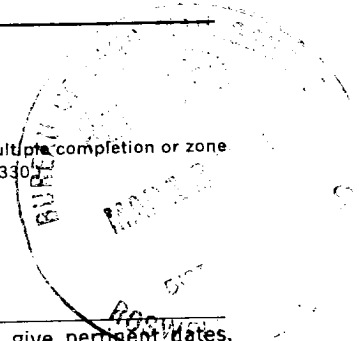
TEST WATER SHUT-OFF ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) CLEAN OUT, INHIBIT

SUBSEQUENT REPORT OF:

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5. LEASE  
LC-029410 (A)  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
MCA UNIT  
8. FARM OR LEASE NAME  
MCA UNIT Blyz  
9. WELL NO.  
214  
10. FIELD OR WILDCAT NAME  
MALJAMAR G/SA  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
SEC. 29, T17S, R32E  
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.)\*

MIRU 12/12/83. CO 3938'-4092' w/87 BBLs 15%  
HCL-NE-FE. WASHED OUT w/120 BBLs TFW. PMPD  
30 BBLs TFW DOWN TBG. CO TO 4165' TD. SET PKR  
@ 3500'. INHIBITED w/2 DRUMS CHEMICAL IN 20 BBLs  
TFW. FLUSHED w/85 BBLs TFW. PMPD 300 LBS ROCKSALT  
w/5 BBLs 10 PPG BRINE w/10 LBS GUAR GUM FOR DIVERTER.  
FLUSHED w/105 BBLs TFW. RAN PROD EQUIP. PMPD  
78 BO, 66 BW, GAS NOT MEASURED IN 24 HRS 12/29/83.

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

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

SIGNED Wm. R. Dutton TITLE Administrative Supervisor DATE 3/9/84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

GW

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL: MAY 15 1984

Carlsbad, NEW MEXICO

\*See Instructions on Reverse Side