Form 9331 Dec. 1973	Form Approved. Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC 060199 c
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
	7. UNIT AGREEMENT NAME
SUNDRY NOTICES AND REPORTS ON WELLS	MCA
(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.)	8. FARM OR LEASE NAME
1. oil gas	MCA Unit Duth
well 🗹 well 🗀 other	9. WELL NO.
2. NAME OF OPERATOR CONOCO INC.	
	10. FIELD OR WILDCAT NAME Maliamar (G-SA)
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OF
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.)	Sec. 29, T-175, R-32E
AT SURFACE: 1980 FNL &FEL AT TOP PROD. INTERVAL:	12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF: TEST WATER SHUT-OFF ローローのにのにのになる。	
FRACTURE TREAT	
SHOOT OR ACIDIZE	
PULL OR ALTER CASING JUL 9	(NOTE: Report results of multiple completion or zon USU change on Form 9–330.)
CHANGE ZONES	AL SURVEY
(other) Valve leak inspection HOBBS, NEW	
/	·····································
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is d	e all pertinent details, and give pertinent dates irectionally drilled, give subsurface locations and
measured and true vertical depths for all markers and zones pertinen	nt to this work.)*
(so velops were replaced on	subject well as a state
Esq. valves were replaced on.	
requested by Jerry Long. Work week of 6-16-80	was done the
$\ell$ $\int$ $\int$ $\int$	
week of 6-16-80	지수 무엇을 넣는 것이 물름을 쉽는 것
	· 고·프트 · 관· 가··· 상상에 제도 · 위·································
	응 이 쇼프 영국 가 이이 영국 (11월) 이 관리 노력은 이 것 않는 것 것 같이 있는
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
Subsurface Safety Valve: Manu. and Type	Set @ F
•	
18. I hereby certify that the foregoing is true and correct	isor The last
SIGNED When C- Touterfield TITLE	DATE/////80
(This space for Federal or State off	fice use)
APPROVED BY TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	
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