

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 ☐ gas ☐ other ☒ *inj*

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: 1980' FSL & 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:

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE

LC 029410 (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit 1

9. WELL NO.

166

10. FIELD OR WILDCAT NAME

MALJAMAR (G-SA)

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

SEC. 30, T-17S, R-32E

12. COUNTY OR PARISH

LEA

13. STATE

NM

14. API NO.

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

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-331-C)

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

*It is proposed to repair the csg. leak in subject well as follows:
G14 w/ mill & ream out tight spots to 3719'. Set BP @ 3700' & spot 20'
sand on top. Isolate csg. leaks w/ pkr. Perf w/ 2 JSPE at csg. holes.
Set retainer @ 3580' (probable holes between 3585'-3670') & pump in 200
sx. class C cmt. w/ additives. Spot 5 sx. cmt. on top of retainer. Drill
out cmt. to 3680' & pressure test csg. If not holding, repeat cmt. squeeze.
Drill out remaining cmt., circ. sand off RBP, & POOH w/ workstring.
Run pkr. & tbg, & return to inj. No additional surface disturbance required.*

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

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

SIGNED *P. F. Bodman*

TITLE *ANALYST*

DATE *8/13/80*

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

*USGS-5
MCA-4
FILE*

TITLE _____

DATE _____

APPROVED

AUG 20 1980

DISTRICT SUPERVISOR