

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 WATER INJECTION2. 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' FNL + 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) ☐

## SUBSEQUENT REPORT OF:

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5. LEASE

LC-059001

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA UNIT

8. FARM OR LEASE NAME

MCA UNIT

9. WELL NO.

220

10. FIELD OR WILDCAT NAME

MALJAMAR G/SA

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

SEC. 33, T17S, R32E

12. COUNTY OR PARISH

LEA

13. STATE

NM

14. API NO.

30-025-00798

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. RAN TRACER SURVEY + LOCATED LEAKS @ 3647' + 3686' ON 6/18/84. SQUEEZED W/25 BBLs FRESH WATER, 10 BBLs FLO-CHECK, 40 SXS CLASS "C" W/2% CaCl<sub>2</sub>, + 30 SXS THIXOTROPIC. WOC. TESTED CSG TO 1000 PSI. RAN INT EQUIP. INJECTING 670 BWPD @ 1920 PSI 6/26/84.

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

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

SIGNED W. A. Heatherford TITLE Administrative Supervisor DATE 7/31/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: AUG 2 1984

RECEIVED

AUG - 3 1984

O.C.B.  
HOBES OFFICE