

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 ini.

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' FNL & 1980' 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:

SUBSEQUENT REPORT OF:

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

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5. LEASE

LC-059001

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit Bty 3

9. WELL NO.

230

10. FIELD OR WILDCAT NAME

Maliamar (G-5A)

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

Sec. 33, T-17 S, R-32 E

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
analysis on Form 9-330.)

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U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all 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.)

Set 5 1/2" cmt retainer @ 338'. Pump 300 sx Class C w/ additives. Disp. w/ 1966ls Water. Pull out of retainer, spot 2 sx on top retainer. Perf @ 2250' w/ 4TSPF. Set retainer @ 2157'. Squeeze 600 sx Class C cmt w/ 2% CaCl₂ & 5 Halad-9 & 4000 gals Flo-ck. Run noise log from 2100' to 1000'. No water flow. Perf @ 1150' w/ 4TSPF. Set retainer @ 1088'. Cmt w/ 350 sx Class C w/ 2% CaCl₂ & 5% Halad-9. Pull out of retainer and spot 20 sx cmt on top to 850'. Leave 125' tbg in hole. Cmt @ 124' w/ 80 sx Class C w/ additives. Spot cmt plug to surface. Pool H w/ tbg. Fill csq w/ cmt.
Work started 9-29-80. Finished 10-2-80.

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

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

SIGNED Wm A. Gillham TITLE Administrative Supervisor DATE 10/6/80

APPROVED

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) ROCHELLE CHAPMAN TITLE _____ DATE _____
CONDITIONS OF APPROVAL _____

JUN 24 1981
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

USGS 5
MCA 4
File

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