

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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 *inj.*
2. NAME OF OPERATOR
CONCCO 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 & FEL
AT TOP PROD. INTERVAL: *Same*
AT TOTAL DEPTH: *Same*
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 & install csq.*

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

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U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

Report results of multiple completion or zone change on Form 9-330.)

5. LEASE
LC 027409 A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
MCA
8. FARM OR LEASE NAME
MCA Unit Blk 3
9. WELL NO.
230
10. FIELD OR WILDCAT NAME
Maljamar (G-SA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 33 T-17S R-32E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

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 clean out subject well & install csq. as follows:

Release pkr. @ 3467' & Poor w/ hq. G1H w/ 4 3/4" bit &

clean out to 4150'. Plug back open hole to 3810' w/

pea gravel & 20/40 sd. Run 350' 4" csq., w/ top of liner @ 3440'.

Cmt. w/ 22 sx. class "C" cmt. Drill out cmt. & pressure test liner.

Clean out pea gravel to PBTD. Run in w/ hq. & pkr., setting pkr. @ 3750'.

Place well on injection

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

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

SIGNED *Wm A. Butterfield* TITLE *Administrative Supervisor* DATE *7/3/80*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

4565

MCA-4

FILE