Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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.)

RECEIVED
APR 24 1981
U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

1. oil well ☑ gas well ☐ other

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 & 660'FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
LC-029405(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Wm. Mitchell B

9. WELL NO.
6

10. FIELD OR WILDCAT NAME
Maljamar (G/SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 18, T-17S, R-32E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

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

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)		

(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.)*

Set BP at 3700'. Perf the following with 2 JSPF: 3610'-13', 3619'-20', 3630'-32', 3640'-50', 3679'-80'. Set pkr at 3570'. Pmp 1170 gals LSTNE HCL acid. Flush with 1000 gals TFW. Swab. Reset BP 3550'. Perf the following w/2 JSPF: 3499'-3501', 3515'-3530'. Pmp 1170 gals LSTNE HCL acid. Flush w/1000 gals. TFW. Swab. Run production equipment. Test.

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

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

SIGNED Wm A. Rutledge TITLE Administrative Supervisor DATE April 23, 1981

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
APR 27 1981
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side