

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO

Form Approved.
Budget Bureau No. 42-R1424

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 INJECTION
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: 660' FSL + 660' 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
220029405 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
MCA
8. FARM OR LEASE NAME
MCA UNIT Bty 1
9. WELL NO.
100
10. FIELD OR WILDCAT NAME
MALJAMAR G/SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 19, T-17S, R-32E
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 change on Form 9-330.)

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JUL 29 10 40 PM '83
BUREAU OF LAND MGMT
ROSWELL DISTRICT

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. REL INJECTION PKR. SET LYNES 4 1/2" 9.5 #
INFLATABLE PKR @ 3571'. RUN INJECTION EQUIP.
MONITOR PRESSURE. INJECT 4000 GALS INJECTROL G.
FLUSH W/1615 GALS TFW. REL LYNES PKR. RERUN
INJECTION EQUIP. CIRCULATE 72 BBLs PKR FLUID
+ SET PKR @ 3500'. MONITOR.

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

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

SIGNED W. A. PETERSON TITLE Administrative Supervisor DATE 7/28/83

APPROVED BY _____ (This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 23 1983

RECEIVED

AUG 23 1983

**O.C.D.
HOBBS OFFICE**