

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

1. oil well ☒ gas well ☐ other ☐

APR 24 1981

2. NAME OF OPERATOR
CONOCO INC.

3. ADDRESS OF OPERATOR
P.O. Box 450, Hobbs, N.M. 88240

U.S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1980' FSL & 1980' 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:

SUBSEQUENT REPORT OF:

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

☐
☐
☐
☐
☐
☐
☐
☐

5. LEASE
LC-029405(b)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
MCA Unit
8. FARM OR LEASE NAME
MCA Unit Bty 1
9. WELL NO.
63
10. FIELD OR WILDCAT NAME
Majamar (G/SA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, 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.)

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.)*

Test csg to find leak. Perf csg at source of water flow. Set RBP below perfs. Set cmt retainer above perfs. Pmp 100sx. Class C w/ 2% CaCl₂. Pmp. 50sx. 60% Class H and 40% Cal-seal. Drill out cmt retainer. Test squeeze job. Return to production.

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

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

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

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

APPROVED

APR 27 1981

JAMES A. GILLHAM
DISTRICT SUPERVISOR