

UNITED STATES **OPERATOR'S COPY**
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 **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: **1980' FSL + 660' 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:

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
LC - 029405 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA UNIT

8. FARM OR LEASE NAME
MCA UNIT

9. WELL NO.
62

10. FIELD OR WILDCAT NAME
MALJAMAR G/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 20, T17S, R32E

12. COUNTY OR PARISH **LEA** 13. STATE **NM**

14. API NO.
30-025-08068

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.)*

MIRU. BRADENHEAD SQUEEZE THE SURFACE CSG - INTERMEDIATE CSG ANNULUS W/AN ESTIMATED 61 SXS THIXOTROPIC CMT. TAIL-IN W/61 SXS CLASS "H" W/3% CaCl₂. WOC. RETURN TO INJECTION + MONITOR.

Will re-~~work~~ (SEE ATTACHMENT)

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

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

SIGNED Wm R. Butterfield TITLE Administrative Supervisor DATE 7/30/84

(This space for Federal or State office use)
APPROVED BY [Signature] TITLE CARLSBAD RESOURCE AREA DATE 8-21-84
CONDITIONS OF APPROVAL, IF ANY:

**Subject to
Like Approval
by State**

*See Instructions on Reverse Side

*See Revised
proposal on
@-103*

RECEIVED

AUG 28 1984

OFFICE

MCA Unit No. 62 (cont'd)

This work is required due to a hole in the surface csg allowing surface waterflow. A tracer survey cannot be run due to the possibility of radioactive material reaching the surface.

RECEIVED

AUG 28 1984

O.C.C.
HOBBS OFFICE