

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
DIST. 6 N. M.

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 + 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) SURFACE WATERFLOW REPAIR

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.  
102

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.)

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. RUN TRACER SURVEY. CEMENT THE SURFACE CSG. - INTERMEDIATE CSG. ANNULUS w/70 SXS CLASS "H" w/3% CaCl<sub>2</sub>. FLUSH w/FRESH WATER. RUN INJECTION EQUIPMENT. MONITOR.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm A. Butler TITLE Administrative Supervisor DATE 8/10/83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

ORR  
AUG 31 1983

RECEIVED  
SEP 1 1983  
O.C.D.  
HOBBS OFFICE