Form 9-331 Dec. 1973

## UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

TING DISTRICT ENGINEER

	Form Approved. Budget Bureau No. 42–R1424			
5. LEASE	295	06 /	<u> </u>	_
6. IF INDIAN, AL	LOTTEE O	R TRIB	E NAME	
7. UNIT AGREEM	IENT NAM	IE	····	
MCA 8. FARM OR LEA	SE NAME			—
MCA UN				
9. WELL NO. 29				
10. FIELD OR WIL	DCAT NAM	ИE		
Maljamar	4-54	1		
11. SEC., T., R., N AREA	I., OR BL	(. AND	SURVEY	OR
Sec. 21, 7	-/7S.	R-32	LE	
12. COUNTY OR F	PARISH 1	.3. STA	\TE	
14. API NO.		}		
15. ELEVATIONS		F, KDE	B, AND V	VD)
3005	H3C			_
3 11 A			 . /	
COLOGICAL MENTOS		-		
(NOTE: Report Psi	ilts of multi	ple com	pletion or :	zone
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as, NEV				
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ate all pertinent deta directionally drilled, g ent to this work.)*	ils, and g	ive per irface l	tinent da ocations	tes and
flow in subject	t well	ana	/ 18 1 / 4 2 2	
l as follows		india.		
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(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.) well other well 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 17 250' FNL & 250' FEL AT SURFACE: AT TOP PROD. INTERVAL: Sene AT TOTAL DEPTH: Jame 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: 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) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly sta including estimated date of starting any proposed work. If well is measured and true vertical depths for all markers and zones pertine It is proposed to shut-off the water abandon the Gray burg - San Andres interval Retrieve hish or push fish to bottom of hole. 50' above fish, which ever is lowest. Squeeze perts. @ 3545'-3565 WI 200 SK Class "E" cont. WI additives. Spot 15 SK. cont. on top Check for oil flow. Rig down & clean location Set @ Ft. Subsurface Safety Valve: Manu. and Type \_\_\_\_ 2 GH; (A) (A) 7 SERE(T 18. I hereby certify that the foregoing is true and correct TITLE Admin. Supervisor (This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY: us45 5 MEA FILE

\*See Instructions on Reverse Side