Form 9–331
Dec. 1973

Form Approved.
Budget Bureau No. 42–R1424

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.)

1. oil well ☑ gas well ☐ other

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:
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE

_LC–029410(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.

_161_

10. FIELD OR WILDCAT NAME

Maljamar (G/SA)

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

Sec. 30, T–17S, R–32E

12. COUNTY OR PARISH | 13. STATE

Lea | _NM_

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:

	REQUEST	SUBSEQUENT
TEST WATER SHUT-OFF	☐	☐
FRACTURE TREAT	☐	☐
SHOOT OR ACIDIZE	☑	☐
REPAIR WELL	☐	☐
PULL OR ALTER CASING	☐	☐
MULTIPLE COMPLETE	☐	☐
CHANGE ZONES	☐	☐
ABANDON*	☐	☐

(other) _Convert to injection_ ✓

(NOTE: Report results of multiple completion or zone change on Form 9–330.)

1981

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.)*

CO to 3990'. Set pkr. at 3600'. Acidize w/ 3000 gals acid. Flush w/ 5 bbls TFW. Run injection equipment. Waiting on NMOCD order approving injection.

APPROVED
(Orig. Sgd.) PETER W. CHESTER
NOV 6 1981
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

SUBJECT TO ...
APPROVAL BY STATE

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

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

SIGNED _____ TITLE Administrative Supervisor _____ DATE _October 30, 1981_

(This space for Federal or State office use)

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