Form 9–331
Dec. 1973

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

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'FNL & 1980'FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
LC-029406(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Grace Mitchell B

9. WELL NO.
7

10. FIELD OR WILDCAT NAME
Maljamar (G-SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec, 5, T-17S, R-32E
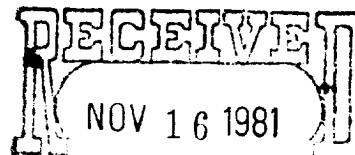
12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

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

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)

(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.)*

CO to 4095! Set pkr at 3830! Pump 1000 gals acid, Pump 500 gals blocking agent, Flush w/25 bbls. TFW. Reset pkr at 3640! Pump 1000 gals acid, pump 200 gals blocking agent, pump 1000 gals acid, pump 25 bbls TFW. Swab. Test.

RECEIVED
NOV 16 1981
OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

18. I hereby certify that the foregoing is true and correct
SIGNED _Wm. P. Satterfield_ TITLE _Administrative Supervisor_ DATE _November 13, 1981_

APPROVED (This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

NOV 18 1981

FOR
JAMES A. GILLHAM *See Instructions on Reverse Side
DISTRICT SUPERVISOR