

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 **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: 2590' FSL + 1310' FEL
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 <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) INFORMATION <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

5. LEASE
LC - 029405 (13)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
MCA UNIT
8. FARM OR LEASE NAME
MCA UNIT
9. WELL NO.
256
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.
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 7/22/81. DO TO 4114'. ACIDIZED 4026'-4066' w/2000 GALS 15% HCL-NE-FE. SQUEEZED PERFS 3808'-3821' w/25 SXS CLASS "C". ACIDIZED 3686'-3704' w/1500 GALS 15% ACID. RE-SQUEEZED 3808'-3821' w/50 SXS CLASS "C". CIRC HOLE CLEAN TO 4114'. RAN INJECTION EQUIP w/PKR SET @ 3629'. INT 475 BWPD @ 995 PSI 7/29/81.

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

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

SIGNED *Wm A. Dierker* TITLE Administrative Supervisor DATE 4/2/84
ACCEPTED FOR RECORD
(This space for Federal or State office use)

APPROVED BY *GWD* TITLE _____ DATE _____
CONDITIONS OF APPROVAL **MAY 18 1984**

RECEIVED

MAY 22 1984

O.C.D.
HOBBS OFFICE