

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: 2615' FNL + 1345' 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) Repair & Stimulate

5. LEASE

LC 029410 (A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA Unit

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

270

10. FIELD OR WILDCAT NAME

Maljamar (G/SA)

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

Sec. 29, 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. Spot 1 BBL 15% acid 3830'-4000'. RIH w/csg gun & shot 3840', 48', 60', 62', 69', 3939', 48', 79', 88', 89', & 93'. Set RBP @ 4050' & pkr @ 3916'. Acidize w/21 BBLs nitrified 15% acid in N₂, 9th zone 3939'-3993'. Rel pkr @ 3916' & RBP @ 4050'. Reset RBP @ 3916' & pkr @ 3822'. Acidize upper 7th San Andres w/24 BBLs of 15% HCL-NE-FE Nitrified acid. Rel pkr @ 3822' & RBP @ 3916'. Place on Production.

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

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

SIGNED David A. Smylie Administrative Supervisor

TITLE

DATE 10/3/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 23 1984

Carlsbad,

NEW MEXICO

*See Instructions on Reverse Side