

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: 25' FSL & 1295' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
-
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

- | | |
|---|-----------------|
| 5. LEASE
LC 0294056 | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| 7. UNIT AGREEMENT NAME
MCA | |
| 8. FARM OR LEASE NAME
MCA Unit Step 1 | |
| 9. WELL NO.
276 | |
| 10. FIELD OR WILDCAT NAME
Maljamar (G-SA) | |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T-17S, R-32E | |
| 12. COUNTY OR PARISH
Lea | 13. STATE
NM |
| 14. API NO. | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD) | |

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) valve leak inspection

□ □ □ □ □ □ □

RECEIVED

JUL 9 1951

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

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.)*

2sq. valves were replaced on subject well as requested by Jerry Long. Work was done the week of 6-16-80

Subsurface Safety Valve: Manu. and Type

Set @ _____ Ft.

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

SIGNED

Wm. A. Butterfield

TITLE

Administrative Supervisor

DATE _____

7/7/80

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE _____

CONDITIONS OF APPROVAL, IF ANY: