

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY RECEIVED

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 ☒ gas ☐ 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: 1295' FSL + 1295' 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 checked="" 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)              |                                     |                          |

5. LEASE  
LC-029405 (B)  
6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
7. UNIT AGREEMENT NAME  
MCA UNIT  
8. FARM OR LEASE NAME  
MCA UNIT  
9. WELL NO.  
279  
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)

(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. RUN TRACER SURVEY. CEMENT THE SURFACE CASING - PRODUCTION CASING ANNULUS W/ 133 SXS CLASS "H" W/ 3% CaCl<sub>2</sub>. RUN PRODUCTION EQUIPMENT. TEST.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Jimmy D. Carlisle TITLE Administrative Supervisor DATE 8/18/83

(This space for Federal or State office use)

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