

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 ☒ gas ☐
well 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: 2565' FNL + 1345' 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 - 057210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA UNIT

8. FARM OR LEASE NAME
MCA UNIT Bldg 3

9. WELL NO.
280

10. FIELD OR WILDCAT NAME
MALJAMAR G/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 28, 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. RUN TRACER SURVEY. CEMENT THE SURFACE - PRODUCTION CASING ANNULUS W/ 85 SKS CLASS "H" W/ 3% CaCl₂ PLUS ADDITIONAL CEMENT AS REQUIRED. WOC. RUN PRODUCTION EQUIPMENT. TEST.

(VERBAL APPROVAL BY R. PITSCHKE 11:00 AM 6/5/84.)

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

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

SIGNED Wm A. Battistini TITLE Administrative Supervisor DATE 6/5/84

(This space for Federal or State office use)

APPROVED BY R. Pitschke TITLE P.E. DATE 6/22/84
CONDITIONS OF APPROVAL, IF ANY:

HOEES OFFICE
JUN 27 1984
RECEIVED