

Form 9-331
Dec. 1973Form Approved.
Budget Bureau No. 42-R1424UNITED 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: 1345' FNL & 25' 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:

- TEST WATER SHUT-OFF ☐
- FRACTURE TREAT ☐
- SHOOT OR ACIDIZE ☒
- REPAIR WELL ☐
- PULL OR ALTER CASING ☐
- MULTIPLE COMPLETE ☐
- CHANGE ZONES ☐
- ABANDON* ☐
- (other) ☐

SUBSEQUENT REPORT OF:

- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐
- ☐

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5. LEASE
LC-029405 (a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
MCA Unit
8. FARM OR LEASE NAME
MCA Unit
9. WELL NO.
298
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. Tag for fill. POOH w/ rods, pmp, tbq. CO to 4040' if needed. GIH w/ pkr to 3900'. Open by-pass valve & pmp 800 gals 15% HCl-NE. Close valve & pmp 1200 gals acid, follow w/ tbq capacity plus 5 bbls TFW. Swab back load. POOH. GIH w/ BP & pkr. Set BP at 3700', pkr at 3600'. Open valve, pmp 700 gals 15% HCl-NE. Close valve & pmp 1300 gals acid, followed w/ tbq capacity plus 5 bbls TFW. Swab back load. POOH w/ pkr & BP. Place well on production. Test.

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

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

SIGNED W. A. Benthien TITLE Administrative Supervisor DATE December 5, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE DEC 9 1980

CONDITIONS OF APPROVAL, IF ANY:

for DISTRICT SUPERVISOR

U.S.G.S
File 1