

Form 9-331  
Dec. 1973



Form Approved.  
Budget Bureau No. 42-R1424

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY DIST. 6 N. M.

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 ☒ Injection  
well well

2. NAME OF OPERATOR  
CONOCO INC.

3. ADDRESS OF OPERATOR  
Box 460, Hobbs, NM 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)

AT SURFACE: 1345' FSL + 1295' FNL  
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\* ☐

SUBSEQUENT REPORT OF:

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

(other) Cement Squeeze ✓

5. LEASE

LC-029405(2) (b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA UNIT

8. FARM OR LEASE NAME

MCA UNIT

9. WELL NO.

291

10. FIELD OR WILDCAT NAME

Mojamar (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.)\*

Cement Squeezed - Waterflow in the Production-Surface casing annulus.

Pumped 200 sx of class "C" cement w/ 2% CaCl<sub>2</sub> mixed w/ 6.3 gals fresh water/sx, slurry weight of 14.8 #/gal. Pumped at a rate of 1 BPM with a maximum pressure of 250 PSI. Completed and returned to Injection 9-23-82.

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

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

SIGNED W. A. Rutherford TITLE Adm. Supervisor DATE July 21, 1983

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

AUG 30 1983