

N. M. OIL CONS. COMMISSION
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ water injection well
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' FSL & 1295' FWL
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) Cement Squeeze ☒

RECEIVED
AUG 26 1982
OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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 Bty 1
9. WELL NO.
291
10. FIELD OR WILDCAT NAME
Maljamar (G/5A)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19, T-17S, R-32E
12. COUNTY OR PARISH
Lea
13. STATE
N.M.
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.)*

There is surface waterflow in the production-surface casing annulus.

Pump 200 5x class "C" cement w/ 2% CaCl₂ shut in for 3 days.

Open casings valve and report results.

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

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

SIGNED Wm. A. Beutner, Jr. TITLE Administrative Supervisor DATE 8-24-82

APPROVED BY _____ (This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE _____

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:
AUG 30 1982
FOR
JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side