

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 ☐

2. NAME OF OPERATOR  
CONOCO INC. **MINERALS MGMT. SERVICE  
ROSWELL, NEW MEXICO**

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: 800' FNL & 1850' 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:

SUBSEQUENT REPORT OF:

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

☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

5. LEASE

LC-059001

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA Unit

8. FARM OR LEASE NAME

MCA Unit Bty 3

9. WELL NO.

300

10. FIELD OR WILDCAT NAME

Maljamar (G/5A)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 33, T17S, R32E

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 a waterflow in the production-surface casing annulus.

Pump 200 sx class "C" cement containing 2% CaCl<sub>2</sub>.

Shut in for 3 days, then open casing valve and report results.

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

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

SIGNED W. R. Dettendorf TITLE Administrative Supervisor DATE 8-24-82

(This space for Federal or State office use)

APPROVED BY W. R. Dettendorf TITLE Administrative Supervisor DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

AUG 30 1982

FOR

JAMES A. GILMAN,

DISTRICT SUPERVISOR

See Instructions on Reverse Side