

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form Approved.  
Budget Bureau No. 42-R1424

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' FSL & 2615' 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 ☐  
FRACTURE TREAT ☐  
SHOOT OR ACIDIZE ☐  
REPAIR WELL ☐  
PULL OR ALTER CASING ☐  
MULTIPLE COMPLETE ☐  
CHANGE ZONES ☐  
ABANDON\* ☐  
(other) Clean Out & Stimulate ☒

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5. LEASE  
LC - 029410 (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.  
305  
10. FIELD OR WILDCAT NAME  
Maljamar GISA  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec 30, 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 @ 4060'. Spot 4 BBLs Nalco-Visco 4948 w/4 BBLs 2% TFW from 3800' - 4050'. Set pkr @ 3866'. Acidize 7th zone w/ 40 BBLs of Nitrified acid w/500 SCF N<sub>2</sub> 1 BBL. Rel pkr @ 3866'. Set RBP @ 3866'. Reset pkr @ 3707'. Acidize 6th zone w/ 27.81 BBLs Nitrified acid w/500 SCF N<sub>2</sub>/BBL. Rel pkr @ 3707' + RBP @ 3866'. Ran prod. equip. Flowed 13 BO, 25 BW in 24 hours on 9-14-84.

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

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

SIGNED Thelma Patterson TITLE Administrative Supervisor DATE 10/17/84

ACCEPTED FOR RECORD (This space for Federal or State office use)

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

OCT 23 1984

Carlsbad NEW MEXICO

\*See Instructions on Reverse Side