Form 9–331
Dec. 1973

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: 2615' FNL + 1295' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

5. LEASE
LC-057210

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. 314

10. FIELD OR WILDCAT NAME
MALJAMAR G/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 27, T-17S, R-32E

12. COUNTY OR PARISH   LEA
13. STATE   NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:     SUBSEQUENT REPORT OF:

| | REQUEST | SUBSEQUENT |
|---|---|---|
| TEST WATER SHUT-OFF | ☐ | ☐ |
| FRACTURE TREAT | ☐ | ☐ |
| SHOOT OR ACIDIZE | ☐ | ☑ |
| REPAIR WELL | ☐ | ☐ |
| PULL OR ALTER CASING | ☐ | ☐ |
| MULTIPLE COMPLETE | ☐ | ☐ |
| CHANGE ZONES | ☐ | ☐ |
| ABANDON* | ☐ | ☐ |

(other) RE-PERF SAME INTERVAL ☑

(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 7/7/83. Spotted 5 BBLS 15% Acid 3825'-4035'. Perf w/2 JSPF @ 3829'-34', 3858'-90', 3900'-06', 3911'-18', 3940'-66', 4010'-16', 4022'-4036' (total 192 perfs). Acidized w/120 BBLS 15% HCL-NE-FE. Flushed w/58 BBLS 2% KCL TFW. Ran production equipment. Pumped 21 BO, 118 BW, + <1 MCF in 24 hrs 8/5/83.

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

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

SIGNED _____ TITLE Administrative Supervisor   DATE 8/30/83

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
SEP 1 1983

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO