Form 9–331
Dec. 1973

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

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.)

Form Approved.
Budget Bureau No. 42–R1424

5. LEASE
_LC-058698(q)_

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA Unit

8. FARM OR LEASE NAME
MCA Unit Bty 4

9. WELL NO.
_322_

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: _1880' FNL & 560' FWL_
AT TOP PROD. INTERVAL: ✓
AT TOTAL DEPTH: ✓

10. FIELD OR WILDCAT NAME
Maljamar (G/SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 26, 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) _Cement squeeze_ ☑

SUBSEQUENT REPORT OF:

RECEIVED

AUG 26 1982

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

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 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. Butterfield_   TITLE Administrative Supervisor   DATE _8-24-82_

APPROVED
(This space for Federal or State office use)

APPROVED BY _____ PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 30 198_

FOR

JAMES A. GILHAM
DISTRICT SUPERVISOR   *See Instructions on Reverse Side