

N. M. OIL & GAS COMMISSION
P. O. BOX 100
HOBBS, NEW MEXICO 88240

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 ☒ gas ☐
well 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 & 1295' 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	<input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	<input type="checkbox"/>
(other) <u>Surface Watertlow Repair</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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 3-14-83. Set pkr. @ 2600'. Load 5 1/2" csng. test to 500 psi. Could not pump into bradenhead @ 1500 psi. Rel. pkr. Set RBP @ 2607'. Perf w/ 3 shots @ 870'. Set pkr. @ 715'. Squeeze w/ 250 Sxs. ClC" 2% CaCl₂. SION. Rel. pkr. Drill cmt. from 720' to 915'. Set pkr. @ 697'. Unable to pump into holes @ 870'. Rel. pkr. Spot 20 Sxs. Cl. "C" cmt. w/ 2% CaCl₂ from 900' to 650' thru open ended tbg. Set pkr. @ 509'. SION. Rel. pkr. Drill cmt. from 700' - 900'. Press. csng. to 1450' psi for 15 min. Held O.K. Rel. RBP. Run production equipment. Test.

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

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

SIGNED W. A. Butterfield TITLE Administrative Supervisor DATE March 24, 1983

(This space for Federal or State office use)

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

DATE ACCEPTED FOR RECORD

W. A. Butterfield
JUL 8 1983

5. LEASE LC-058275
LC-029504 (b)

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.
325

10. FIELD OR WILDCAT NAME
Maljamar G/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T-17S, R-32E

12. COUNTY OR PARISH Lea 13. STATE NM

14. API NO.

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

RECEIVED

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

MAR 28 1983

OIL & GAS
MINERALS REPT. SERVICE