

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 ☐ other ☐
well well

2. NAME OF OPERATOR **CONOCO INC.**

3. ADDRESS OF OPERATOR **Box 460, Hobbs, N.M. 88240**

4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: **1245' FSL & 50' 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:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐
(other) **C.O. & stim.**

SUBSEQUENT REPORT OF:

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5. LEASE

LC-02950

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit Bty 2

9. WELL NO.

326

10. FIELD OR WILDCAT NAME

Malamar G/SA

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

Sec. 21, T-17S, R-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

30-025-24258

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. Set RBP @ 4170' & pkr. @ 4053'. Acidize 9th zone w/1080 gals. 15% HCL-NE-FE. Flush w/950 gals. 2% KCL. Reset RBP @ 4022' & pkr. @ 3895'. Acidize 7th zone w/1260 gals. 15% HCL-NE-FE. Flush w/910 gals. 2% KCL. Reset RBP @ 3868' & pkr @ 3770'. Acidize 6th zone w/425 gals. 15% HCL-NE-FE. Flush w/865 gals. 2% KCL. Rel RBP & pkr. Run production equipmt. Pmpd 18 BO & 90 BWR on 11/22/84.

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

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

SIGNED David D. Smylie TITLE Administrative Supervisor

DATE 12/12/84

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY

DEC 14 1984

Carla

NEW MEXICO

*See Instructions on Reverse Side