

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 ☒ 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' FNL & 25' FWL
AT TOP PROD. INTERVAL: _____
AT TOTAL DEPTH: _____
-
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

5. LEASE
LC-058697(6)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
MCA Unit
8. FARM OR LEASE NAME
MCA Unit
9. WELL NO.
334
10. FIELD OR WILDCAT NAME
Maljamar (G-5A)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T-17S, R-32E
12. COUNTY OR PARISH
Lea
13. STATE
NM
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)

REQUEST FOR APPROVAL TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>
CHANGE ZONES	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>
(other)	<input type="checkbox"/>

SUBSEQUENT ~~REPORT~~ OF:

□ □ □ □ □ □ □

REPORT OF:

DECEIVE

OCT 2 1987

(NOTE: See page 10)

OIL & GAS
U.S. GEOLOGICAL SURVEY
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.)*

Set RBP at 4160', pk rat 3950'. Acidize w/ 3000 gals. acid. Flush w/ 30 bbls. produced water. Swab. Run production equipment. Test.

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

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

SIGNED Wm G. T. [Signature] TITLE Administrative Supervisor

DATE October 1, 1981

~~APPROVED~~

(This space for Federal or State office use)

APPROVED BY: (Orig. Sgd.) PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE _____

OCT 5 1981

OR

JAMES A. GILLHAM
DISTRICT SUPERVISOR

*See Instructions on Reverse Side

RECEIVED

OCT 6 1981.

WILSON CONSERVATION DIV