

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 ☐ JUN 8 1962
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 & 125' FWL
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)

SUBSEQUENT REPORT OF:

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 3/25/81. Set RBP at 3300'. Found csg leak at 2730'. Perfed w/ 2 shots at 2731'. Set cmt. retainer at 3682'. Pmpd 1000 gals Flow-check, 100 sx Class C cmt. Repeat using 300 sx Class C cmt. Drilled out cmt. retainer and cmt. Released RBP. Water-blow started. WIH w/ work string. Made progress to 3402'. POOH. Had 15' of MA in washpipe. Set cmt. retainer at 3300'. Pmpd 100 sx Class C cmt into formation. Well temporarily abandoned, 4/2/81.

Subsurface Safety Valve: Manu. and Type

Set @ Ft.

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

SIGNED

TITLE Administrative Supervisor

DATE _____

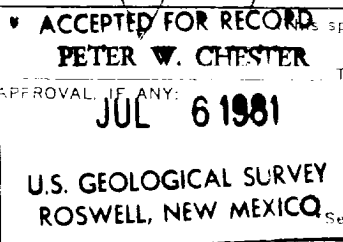
June 26, 1981

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

T I T L E

DATE _____



See Instructions on E-verse Side

5. LEASE _____
LC-029400(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____
7. UNIT AGREEMENT NAME _____
MCA Unit
8. FARM OR LEASE NAME _____
MCA Unit Blg 4
9. WELL NO. _____
336
10. FIELD OR WILDCAT NAME _____
Maljamar (G-SA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR
AREA _____
Sec. 23, T-17S, R-32E
12. COUNTY OR PARISH _____ 13. STATE _____
Lea NM
14. API NO. _____
15. ELEVATIONS (SHOW DF, KDB, AND WD) _____

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