

N. M. OIL CONS. COMMISSION

P. O. BOX 1980

Form 9-331
Dec. 1973 HOBBS, NEW MEXICO 88240

UNITED STATES

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm Approved.
Budget Bureau No. 42-R1424

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 well2. NAME OF OPERATOR
CONOCO INC.3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 882404. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 1485' FNL & 1225' 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 ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE-COMPLETE ☐
CHANGE ZONES ☐
ABANDON* ☐☐
☐
☐
☐
☐
☐
☐
☐(other) repair sfc waterflow

5. LEASE

LC-030437A

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.

351

10. FIELD OR WILDCAT NAME

Maljamar G/SA

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

Sec. 26-175-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. API NO.

30-025-24547

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. Run tracer survey. Bradenhead squeeze
csg-csg annulus w/ 147 SX class H cmt.
Displace cmt through wellhead w/ fresh water.
Run prod. equip., return well to production.

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

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

SIGNED

W. A. Butler

TITLE

Administrative Supervisor

DATE

9-24-84

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

CARLSBAD RESOURCE AREA

DATE

10-26-84

Subject to
Like Approval
by State

*See Instructions on Reverse Side