

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 injection
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: 2600' FNL & 660' 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) squeeze perfs ☒

SUBSEQUENT REPORT OF:

- ☐  
☐  
☐  
☐  
☐  
☐  
☐  
☐

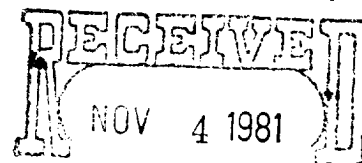
5. LEASE  
LC-029405(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME  
MCA Unit
8. FARM OR LEASE NAME  
MCA Unit
9. WELL NO.  
358
10. FIELD OR WILDCAT NAME  
Maljamar (G-SA)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 20, T-17S, R-32E
12. COUNTY OR PARISH  
Lea
13. STATE  
NM
14. API NO.
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.)\*

Remove pkr. CO to 4084'. Perf at 4065' w/ 4 shots. Set cmt. retainer at 4060'. Pump 100sx Class H cmt. Reverse excess cmt. CO to 4084'. Set pkr. at 3900'. Start injection.

\* Acidize these perfs w/ 250 gals. 15% NE-HCL.



OIL & GAS  
U.S. GEOLOGICAL SURVEY  
ROSWell, NEW MEXICO

Verbal approval per Jim Gillham, Nov. 3, 1981.

Subsurface Safety Valve: Manu. and Type \_\_\_\_\_ Set @ \_\_\_\_\_ Ft.

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

SIGNED Wm A. Dutton TITLE Administrative Supervisor DATE November 3, 1981

APPROVED

(This space for Federal or State office use)

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

NOV 6 1981

FOR  
JAMES A. GILLHAM  
DISTRICT SUPERVISOR

\*See instructions on Reverse Side