Form 9-331 Dec. 1973

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Form Approved.

The Asset Asset Asset

UNITED STATES DEPARTMENT OF THE INTERIOR

	Budget Bureau No. 42-R1424
	5. LEASE
	2C-029405 (a)
	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
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	7. UNIT AGREEMENT NAME
nt	MCA
HL	8. FARM OR LEASE NAME
	MCA Unit
	9. WELL NO.
	358
	10. FIELD OR WILDCAT NAME
	Maljamar G-5A 11. SEC., T., R., M., OR BLK. AND SURVEY OR
	11. SEC., T., R., M., OR BLK. AND SURVEY OR
17	AREA
-,	Sec. 20, T-17 SR32E
	12. COUNTY OR PARISH 13. STATE
	Lea NM.
	14. API NO.
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	15. ELEVATIONS (SHOW DF, KDB, AND WD)
	4037.8'6R
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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 differe reservoir. Use Form 9–331–C for such proposals.) other well 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 AT SURFACE: 2600' FNL & 660' FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTIC REPORT, OR OTHER DATA SUBSEQUENT REPORT OF: REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE 10N 3 1 (Note: Report results of multiple completion or zone REPAIR WELL change on Form 9-330.) PULL OR ALTER CASING U. S. GEOLOGICAL SURVEY MULTIPLE COMPLETE HOBBS, NEW MEXICO CHANGE ZONES ABANDON* l set surface cs (other) soud well 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 & spud 12 "4" hole 1-16-80 . Reamed hole w/ 20" hole opener. Reached surface esq TD of 750' on 1-27-80. 1-29-80 - Ran 18 jts. 16", H-40 65" csg., set @ 749' Cmt. W/ 755 sx. class "C" emt. w/ additives. Circ. 342 sx. emt. to surface.

Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct SIGNED Win A. Dulla field TITLE Admin. Superviser DATE	1-30-80
(This space for Federal or State office use)	
APPROVED BY CONDITIONS OF APPROVAL, IF ANY: 4 565-5 ACA -4 U. S. GEOLOGICAL SURVEY HESSES MEN MENUEY	State of the state
INC. V. M.C.) Instructions on Reverse Side	