

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, NM 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) *revised csq. program*

SUBSEQUENT REPORT OF:

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JAN 30 1980

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

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

5. LEASE  
*LC-029405 (a)*

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
*MCA*

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 AREA  
*Sec. 20, T-17S, R-32E*

12. COUNTY OR PARISH  
*Lea*

13. STATE  
*N.M.*

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)  
*4037.8' GR*

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.)\*

*It is proposed to revise the csq. program for subject well as follows:*

*0'-750' 16", 65", H-40 csq., set w/ 755 sx. cmt.*

*0'-3650' 10<sup>3</sup>/<sub>4</sub>", 51", C-75 csq., set w/ 3060 sx. cmt.*

*3600'-4150' 7<sup>5</sup>/<sub>8</sub>", 33.7", C-75 csq., set w/ 160 sx. cmt.*

*Verbal approval rec'd 1-28-80 from Jerry Long.*

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

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

SIGNED *W. R. Butterfield* TITLE *Admin. Supervisor* DATE *1-28-80*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL \_\_\_\_\_

*4563-5  
ACA-1  
File*

JAN 30 1980

ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side