

N. M. OIL CONS. COMMISSION
P. O. BOX 1860
HOBBS, NEW MEXICO 88240

Form 9-331
Dec. 1973

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ gas ☐
well well other

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: 2371' FNL & 899' 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) ☐

SUBSEQUENT REPORT OF:

☐
☐
☒
☐
☐
☐
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☐
☐

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 Bldg

9. WELL NO.

360

10. FIELD OR WILDCAT NAME

Mahjamar (G/S.A)

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)

(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 8-20-82, Perf 6th zone 3678'-3692' and 3697'-3711'
w/ 4 JS PF. Pump 2000 gals 15% HCL-NE-FE acid into both intervals.
Flush w/ 1050 gals TFW. Swab Chemical squeeze 3678'-3711'
w/ 925 gals of 2 drums chemical. Flush w/ 6300 gals TFW.
Co to 4115'. Perf 9th zone w/ 4 JS PF at 4014'-4016' & 4025'-
4046'. Acidize 9th zone w/ 2000 gals acid. Flush w/ 1250 gals TFW.
Run production equipment. Tested 16th zone - 580, 216 BW, 60 MCF. 9th zone - 0 BO, 16 BW,
54 SCF.
Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED R. E. Brighman TITLE Administrative Supervisor

(This space for Federal or State office use)
ACCEPTED FOR RECORD

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

AUG 23 1983

RECEIVED

OCT 5 1982

OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

*See Instructions on Reverse Side

ROSWELL, NEW MEXICO

RECEIVED

AUG 24 1983

**O.C.D.
HOBBS OFFICE**