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N. M. OIL CONS. COMMISSION

P. O. BOX 1980

HOBBS, NEW MEXICO 88240

AUG 18 1982

Form Approved.

Budget Bureau No. 42-R1424

UNITED STATES OIL & GAS
DEPARTMENT OF THE INTERIOR
MINERAL AND ENERGY SERVICE
GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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 ☐

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 Bty 2

9. WELL NO.

360

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

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.)*

We propose to reperfurate 3678'-3692' and 3697' - 3711

with 4 JSPE. Acidize w/ 2000 gals. 15% HCL-NE-FE.

Chemically inhibit w/ 2 drums chemical in 20 bbl. TFW.

Test. Location approved under Order R-6157 w/ this location being P-2.

Verbal approval per Peter Chester 8-16-82.

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

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

SIGNED Wm. A. Gillham TITLE Administrative Supervisor DATE August 17, 1982

APPROVED

(This space for Federal or State office use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

AUG 19 1982

FOR

JAMES A. GILLHAM

DISTRICT SUPERVISOR

*See Instructions on Reverse Side

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AUG 20 1982

U.S. DEPT. OF JUSTICE
HOLDS OFFICE