COPY TO O.C.C.

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 well ☑ gas 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:

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U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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.
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-37E
32

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. API NO.

15. ELEVATIONS (SHOW DF, KDB, AND WD)

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐		☐
FRACTURE TREAT	☐		☐
SHOOT OR ACIDIZE	☐		☐
REPAIR WELL	☐		☐
PULL OR ALTER CASING	☐		☐
MULTIPLE COMPLETE	☐		☐
CHANGE ZONES	☐		☐
ABANDON*	☐		☐
(other) set production csg.			✓

(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.)*

Reached TD of 4150' 12/19/80. Ran Sonic/GR/Cal-Density w/GR/Cal, DLL/MSFL caliper w/GR. Ran 8 5/8" 32#, K-55, STC set at 4150'. Cmtd in two stage - 1st stage - 800 sx Class C Lite, 400 sx Class C w/2% CaCl2. 2nd stage - 900 sx Class C Lite w/18% salt, 200 sx Class C w/18% sal Circulate 275 sx to surface.

ACCEPTED FOR RECORD
DEC 29 1980
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

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

SIGNED John A. Buckingfield TITLE Administrative Supervisor DATE December 22, 1980

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side