

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Co. 88240
LC-029405 (6)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA Unit

8. FARM OR LEASE NAME
MCA Unit Bldg 2

9. WELL NO.
361

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 | 13. STATE
Lea | N.M.

14. API NO.

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

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: 2449' FSL & 891' FEL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

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

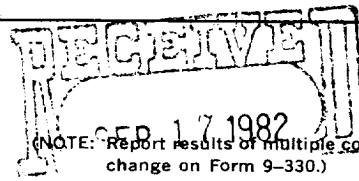
REQUEST FOR APPROVAL TO:

SUBSEQUENT REPORT OF:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- CHANGE ZONES
- ABANDON*

-
-
-
-
-
-
-
-

(other) Scale Inhibit



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

OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWEIL, NEW MEXICO

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 8-18-82 Perf 6th zone Grayburg intervals 3689'-3710' w/ 4 JSPP. Perf 9th zone 4024'-4053' w/ 4 JSPP, pumped 4000 gals 15% acid, flushed w/ 5866b TFW into both intervals. Squeezed 6th and 9th zones w/ 1850 gals of V4987 and flushed w/ 12,600 gals TFW. Rig down and clean up location. Tested: 8.4 BO, 319 BW, 3855 SCF, on 9-12-82 for 24 hrs.

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

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

SIGNED Peter W. Chestert TITLE Administrative Supervisor DATE 9-16-82

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

APPROVED BY (Orig. Sgd.) PETER W. CHESTERT TITLE _____ DATE _____
CONDITIONS OF APPROVAL JAN 17 1983

RECEIVED

JAN 18 1983

O.C.D.
HOBBS OFFICE