5.	LL	SE	029405 (a)				
		LC-	0	294	05	(a)	
				- T-	- 00	TOIDE	NI A S A I

UNIT > STATES	5. LL, St.
· DEPARTMENT OF THE INTERIOR	LC-029405 (a)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
to a serie form for proposals to drill or to deepen or plug back to a different	MCA Unit
(Do not use this form 10-1 proposals.) reservoir('Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME
1. oil gas 🗆	MCA Unit
well well other	9. WELL NO S. 359-362
2. NAME OF OPERATOR CONOCO INC.	10. FIELD OR WILDCAT NAME
3. ADDRESS OF OPERATOR P.O. Box 460, Hobbs, N.M. 88240	Maljamar (G/SA) 11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17	AREA
below.) AT SURFACE: E/2 ob E/2 2442/8 + 432/6 AT TOP PROD. INTERVAL:	Sec. 20, T-175, R-32E. 12. COUNTY OR PARISH 13. STATE
AT SURFACE: E/2 of E/2 2447/D +	
111 141 141	Lea NM-
AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	THE STATIONS (SHOW DE KDR AND WD)
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	
FRACTURE TREAT	
SHOOT OR ACIDIZE	1 1001. Report results of multiple completion or zone
REPAIR WELL JUNY 1	1 1991: Report results of multiple completion or zone change on Form 9-330.)
PULL OR ALTER CASING U	01041 01153:57
MULTIPLE COMPLETE U.S. GEOLO CHANGE ZONES U.S. GEOLO	GICAL SURVEY
ABANDON* , HOBBS, I	NEW MENICO CONTRACTOR OF THE
(other) information only	
	to all portinent details, and give pertinent dates,
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stational control of the c	directionally drilled, give subsurface locations and nt to this work.)*
The subject wells are the producing wells	for the MCA Unit Project
, , ,	1 1 1 1 1 1 1 1 1 1
Due to extensive testing, these wells have not	been finaled at this time. If any
specific information is needed please advise.	
Testification of the second of	
	•
	Set @ Ft.
Subsurface Safety Valve: Manu. and Type	
18. I hereby certify that the foregoing is true and correct	T 1/1001
SIGNED Whe Q-TSully Med TITLE Administrative Supe	ervisor DATE June 10,1981
ACCEPTED FOR RECORD page for Federal or State	office use)
APPROVED BY PETER W. CHESTER TITLE	
CONDITIONS OF APPROVAL, JUN 2 3 1981	
0011 20 1001	
U.S. GEOLOGICAL SURVEY	
ROSWELL, NEW MEXICO ee Instructions on Revers	se Side
10000	