Form 9-331 Dec. 1973

## N. M. OIL CONS. COMMISSION

Form Approved. Budget Bureau No. 42-R1424

## UNITED STATESO. BOX 1980

UNITED STATESO. BOX 1980	5. LEASE
DEPARTMENT OF THE OF TH	1200 LC-029405 (a)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME  MCA Unit
(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.)	8. FARM OR LEASE NAME
1. oil gas well other	9. WELL NO.
2. NAME OF OPERATOR	359
CONOCO INC.  3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Maljamar (G/5A)
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	11. SEC., T., R., M., OR BLK. AND SURVEY OR
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	Sec. 20.T-175, R-32F
AT SURFACE: 2365' FNL 9925' FEL	12. COUNTY OR PARISH 13. STATE
AT TOP PROD. INTERVAL:  AT TOTAL DEPTH:	14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	24. 70 1 10.
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	
FRACTURE TREAT	
SHOOT OR ACIDIZE  REPAIR WELL	(NOTE)
PULL OR ALTER CASING   SFP 1	7 1907 E: Report results of multiple completion or zone of all angles on Form 9–330.)
MULTIPLE COMPLETE  CHANGE ZONES  CHECK	
ABANDON* .	HCAL SUSYEY
(other) Scale Inhibit ROSWELL, N	EW MERICO
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly stating including estimated date of starting any proposed work. If well is a measured and true vertical depths for all markers and zones pertine	directionally drilled, give subsurface locations and
MIRU 8-9-82 Perf 3692' to 3705' and	37/2' to 3726' (6th zone)
W4 JSPF. Pumped 2000 gals 15% HCL-No	E-FE acid and Flushed
423 66/5 TFW. Pumpd Twodrums V4987	mixed in 20661s. TFW.
Flushed W150 bbbs TFW W2 gals TD-120	o, b gab adomall. Rig
down and clean up location. Tested: 1.5	BO, 397BW, 2903SCF
on 9-11-82 for 24hrs.	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.
18. I hereby certify that the foregoing is true and correct	
SIGNED Change Title Administrative Super	
ACCEPTED FOR MECORMIS space for Federal or State of	
APPROVE (St. St.) PETER W. CHESTER TITLE CONDITIONS OF APPROVAL A ANY 1983	DATE

RECEIVED

JAN 18 1983

O.C.D. Hoss office