

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 ☒ gas ☐
well 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: 2365' FNL & 425' 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 | <input type="checkbox"/> |
| FRACTURE TREAT | <input type="checkbox"/> |
| SHOOT OR ACIDIZE | <input type="checkbox"/> |
| REPAIR WELL | <input type="checkbox"/> |
| PULL OR ALTER CASING | <input type="checkbox"/> |
| MULTIPLE COMPLETE | <input type="checkbox"/> |
| CHANGE ZONES | <input type="checkbox"/> |
| ABANDON* | <input type="checkbox"/> |
| (other) <i>ran surface c</i> | |

- SUBSEQUENT REPORT OF:

QUENT REPORT OF:

RECEIVED
OCT 31 1980 (NOT)
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

- | | | |
|--|-----------------------|--|
| 5. LEASE | LC-029405(a) | |
| 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | | |
| 7. UNIT AGREEMENT NAME | MCA | |
| 8. FARM OR LEASE NAME | MCA | |
| 9. WELL NO. | 359 | |
| 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 | NM | |
| 14. API NO. | | |
| 15. ELEVATIONS (SHOW DF, KDB, AND WD) | | |

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.)*

Spud date 10/25/80. Ran 13 3/8", 61# cs9 set at 762'. Cmfd w/ 451 sx Class C w/ 40% gel and 2% Cal/2. Tail in w/ 200 sx Class C w/ 20% Cal/2. Circulated 190 sx to surface.

Subsurface Safety Valve: Manu. and Type

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

SIGNED Wm. A. F. Smith TITLE Administrative Supervisor DATE 10/1/54

APPROVED BY PETER W. CHESTER TITLE _____
CONDITIONS OF APPROVAL, IF ANY: _____

DATE _____

NOV 4 1980

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

***See Instructions on Reverse Side**

USG 35
MCA 4
File