DEP

UNITED STATES	5. LEASE
PARTMENT OF THE INTERIOR	LC-029405 (b)
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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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.)	7. UNIT AGREEMENT NAME
1. oil gas well other 2. NAME OF OPERATOR CONOCO INC. 3. ADDRESS OF OPERATOR N.M. 83240 P. O. Ecx 450, hobbs, N.M. 83240 4. LOCATION OF WELL (REPORT LOCATION CI EARLY. See space 17 below.) AT SURFACE: 7/o FSL 2180 FEL AT TOP PROD. INTERVAL:	8. FARM OR LEASE NAME Wm. Mitchell B 9. WELL NO. 20 10. FIELD OR WILDCAT NAME Maljamar (G-SA) 11. SEC., T., R., M., CR BLK. AND SURVEY OR AREA Sec. 18, T-175, R-32E 12. COUNTY OR PARISH 13. STATE
AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	14. API NO. 15. ELEVATIONS (SHOW DF, KDB, AND WD)
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) ran curface csg. 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly statincluding estimated date of starting any proposed work. If well is d measured and true vertical depths for all markers and zones pertiner Spud date 2/3/81, Ran 1338", 54.5 #, K-5 4255x. Class C w/4% of gel, fail w/2005x	irectionally drilled, give subsurface locations and it to this work.)* 5, STC csq set at 692: Cmtd
Subsurface Safety Valve: Manu. and Type 18. I hereby certify that the foregoing is true and correct	
ACCORD FOR PROMISSPACE for Federal or State off APPROVED BY PETER W. CLINICIPER CONDITIONS OF AFFROVAL, IF ANY: FEB 1 7 1981	ice use) DATE DATE

U.S. GEOLOGICAL SAMVEY
ROS WALL, WAY MALASEP Instructions on Reverse Side