UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

Form 9-331 Dec. 1973	Budget Bureau No. 42-R1424
UNITED STATES	5. LEASE
DEPARTMENT OF THE INTERIOR	LC-060329
GEOLOGICAL SURVEY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS	7. UNIT AGREEMENT NAME
(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 Gther in in the	MCA Unit Bly 5
well well other injection 2. NAME OF OPERATOR	9. WELL NO. 246
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 below.) AT SURFACE: 660 FSL & 660 FEL AT TOP PROD. INTERVAL: AT TOTAL DEPTH:	AREA Sec. 17, T-175 R-32E 12. COUNTY OR PARISH 13. STATE Lea NM 14. API NO.
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD)
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	8 4 7 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1
TEST WATER SHUT-OFF	
REPAIR WELL	(NOTE: Report results of multiple empletion or zone change on family

MULTIPLE COMPLETE CHANGE ZONES ABANDON* (other) repair wate 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give bettinent dates, including estimated date of starting any processed work. If well is directionally antitled of starting any processed work and measured and true vertical depths for all markers and zones pertinent to the work. If well is the work of the work of

10/30/80 Opened csg. valve that had been lest closed. Waterflow stopped.

Subsurface Safety Valve: Manu. and Type _____ 18. I hereby certify that the foregoing is true and correct TITLE Administrative Supervisor DATE (This scace for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

4545 5

__ DATE .

U.S. GEOLOGICAL SURVEY ROSWELL, NEW MEXICO