

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form Approved.
Budget Bureau No. 42-R1424

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 ☒ well gas ☐ 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: 660' FNL + 1980' FWL
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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) OPEN ADOL PAY ☒

5. LEASE
LC-058697 (B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
MCA UNIT
8. FARM OR LEASE NAME
MCA UNIT Bty 4
9. WELL NO.
134
10. FIELD OR WILDCAT NAME
MALJAMAR G/SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 30, T17S, R32E
12. COUNTY OR PARISH
LEA
13. STATE
NM
14. API NO.
30-025-12701
15. ELEVATIONS (SHOW DF, KDB, AND WD)

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

MIRU. CO TO 4295'. HYDROJET OH 4220'-4295'. CO TO 4295'. PERF W/1 JSPF @ 4101', 02', 03', 04', 05', 06', 28', 32', 34', + 4136'. SET RBP @ 4155' + PKR @ 4000'. FRAC 4101'-4136' w/A TOTAL OF 6000 GALS 40 # GELLED FLUID + 13,500 LBS 20/40 SAND. FLUSH W/23 BBLS GELLED FLUID. SWAB. REL PKR + RBP. RUN PROD EQUIP. TEST.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Wm A. Butterfield TITLE Administrative Supervisor DATE 8/2/84

(This space for Federal or State office use)

APPROVED BY _____ TITLE California DATE 9-25-84
CONDITIONS OF APPROVAL, IF ANY: