

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME <i>MIRA Unit Bty 4</i>
2. NAME OF OPERATOR <i>Conoco Inc</i>	8. FARM OR LEASE NAME <i>MICH</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Harris 71711 50290</i>	9. WELL NO. <i>33</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1950' FNL & 1865' FRL (Unit Letter G) 1965'</i>	10. FIELD AND POOL, OR WILDCAT <i>Miriam (G-SA)</i>
14. PERMIT NO. <i>36. 025-00655</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>23. T-17S R-32 E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>7171</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(Other) *Recompletion to Predict*

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting, and proposed work. If well is a reviously drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

MIRA. Drill up cement a tank at 3650'. Sample csg from surface to 3700'. Set RBP at 3675. Press test csg to surface. csg no leaks apparent, return RBP. Tag for fall and clean out to top of yank at 4100'. Set a new section from 3960' - 4100'. Set pte at 3657' (last pipe end at 4070'). Open suspension pte & spot 2000 gallons of 15% HCL-FR w/5% (100 gal) Check - Sol (NL) from 4100 - 3950'. Displace w/ 22 bbls 2% HCL-TFA w/ 1 gal adomal p. 1000 gals. Pull up 200' & pressure up backside to 500 p.s.g. Displace acid at 2 BPM w/ 20 bbls 2% HCL-TFA. Shut in for 2 hrs. Swab back load. P.S. at 4100' pte, pte & work string. C.M. w/ producing equipment and prod. well on production.

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

BY *John Thomas D.F. FINNEY* TITLE *Administrative Supervisor* DATE *April 20, 1987*

APPROVED BY *Paul Adams* TITLE *CA-84* DATE *5/2/87*

COMMITTEES OF APPROVAL, IF ANY:

*See instructions on Reverse Side

RECEIVED
MAY 19 1987
OCD
HOBBS OFFICE