

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
reverse side)

Contract Bureau No. 100-5
Expires August 31, 1988
LEASE DESIGNATION AND SERIAL NO.

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 MCA Unit
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME MCA Unit <i>Blk 2</i>
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240	9. WELL NO. No. 271
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1295' FNL & 25' FEL Unit Letter A	10. FIELD AND POOL, OR WILDCAT Maljamar G-Sa
14. PERMIT NO. 30-025-23715	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T17S, R32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH Lea
	13. STATE NM

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 COMPLETE <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) Repair Surface Waterflow <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>		(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 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.)*

9-1-87 Set Baker RBP @ 2600', set 5-1/2", 14# Baker Mod. R pkr @ 2588'.
Test plug to 1000#, held.

9-9-87 Establish circulation rate of 1 BPM down tbq with 1600#, pumped
150 sx Class "C" Neat cmt, 14.8# average rate 3/4" @ 3500#. Squeezed
6 sx cmt @ 300# for 15 min. SI. WOC.

RECEIVED

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

SIGNED W.W. Baker W.W. Baker TITLE Administrative Supervisor DATE Aug. 22, 1989

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

RECEIVED

SEP 13 1989

OCD
HOBBS OFFICE