

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. DATE*
(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 GAS WELL OTHER

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
2565' FNA & 1345' FEA ~ Unit Letter G

14. PERMIT NO.
30-025-23740

15. ELEVATIONS (Show whether DP, RT, CR, etc.)

5. LEASE DESIGNATION AND SERIAL NO.
LC-0572100

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA Unit

8. FARM OR LEASE NAME
MCA Unit

9. WELL NO.
280

10. FIELD AND POOL, OR WILDCAT
Maljama G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
28-17S-32E

12. COUNTY OR PARISH | 13. STATE
Lea | NM

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

NOTICE OF INTENTION TO:

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) <u>Shut-in Well</u>	

(Other) _____

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.)

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

A casing integrity test was run 12-18-89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.

12
1/1/91

RECEIVED

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

SIGNED William W. Baker TITLE Administrative Supervisor DATE 12/29/89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 1-5-90

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

BLM-Hobbs (6) File

PRINTED IN U. S. A.

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NIGHT

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TEJAS
INSTRUMENT ENGINEERS
MCA # 280
Csq. Test

METER NUMBER
TIME PUT ON
DATE PUT ON

TIME & CRISP SIZE
TIME TAKEN OFF
DATE TAKEN OFF

BR-2221
B 0-1000-8

12/18/89

RECEIVED

JAN 08 1999

OCB
BOBBS OFFICE