

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. CASE*
(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 MCA
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME MCA Unit
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 88240	9. WELL NO. 374
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit L	10. FIELD AND POOL, OR WILDCAT Malamar G/SA
14. PERMIT NO. 30-025-29967	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-175-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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:		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) <u>Set prod. csq</u> <input checked="" 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)*

Ran 97 jts of 7", 26#, K-55 production csq and set @ 4203'.
Cemented w/1607 sxs class "c" and had 250 sxs cmt returns.

ACCEPTED FOR RECORD

NOV 13 1987

SJS
CARLSBAD, NEW MEXICO

RECEIVED
NOV 10 10 59 AM '87
CARLSBAD DISTRICT OFFICE
AREA OPERATIONS DIVISION

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 11-5-87

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side