

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-061841

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

366

10. FIELD AND POOL, OR WILDCAT

Maliamar G/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 26-17S-32E

12. COUNTY OR PARISH

Lca

13. STATE

NM

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 and in accordance with any State requirements.\* See also space 17 below.)  
At surface Unit D

14. PERMIT NO.  
30-025-29427

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

1175' FNL & 1245' FWL

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

NOTICE OF INTENTION TO:

- TEST WATER SHUT-OFF
- FRACTURE TREAT
- SHOOT OR ACIDIZE
- REPAIR WELL
- (Other)
- PULL OR ALTER CASING
- MULTIPLE COMPLETE
- ABANDON\*
- CHANGE PLANS

SUBSEQUENT REPORT OF:

- WATER SHUT-OFF
- FRACTURE TREATMENT
- SHOOTING OR ACIDIZING
- (Other)  set intermed. csq
- REPAIRING WELL
- ALTERING CASING
- ABANDONMENT\*

(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.)\*

- ① Set 8 5/8", 32#, K-55, STXC — intermediate csq @ 2406' on 10/28/85 (56ft)
- ② Cmt. csq w/ 1920 SXS class "C" w/ 2% CaCl<sub>2</sub>. circ. 11 bbls to surface

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

SIGNED *[Signature]*

TITLE Administrative Supervisor

DATE 10-30-85

(This space for Federal or State office use)

APPROVED BY FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*[Signature]*

NOV 4 1985

\*See Instructions on Reverse Side

BLM-Carlsbad (6) ARCO (2) cities (1) PLC (1) File