

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN 7  
(Other instru-  
tions apply)

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

SUNDRY NOTICES AND REPORTS ON WELLS 1987

(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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection</u>		3. LEASE DESIGNATION AND SERIAL NO. <u>LC-029405A</u>										
2. NAME OF OPERATOR <u>Conoco Inc.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME										
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>		7. UNIT AGREEMENT NAME <u>MCA Unit</u>										
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>460' FNW &amp; 460' FWN - Unit Letter D</u> <u>660' SJS</u>		8. FARM OR LEASE NAME <u>MCA Unit Btry 1</u>										
14. PERMIT NO. <u>30-025-08051</u>	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. <u>331</u>										
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT <u>Basin - Maliana Pearsall</u>										
<p>NOTICE OF INTENTION TO:</p> <table border="0"> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> </tr> <tr> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table>		TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>20-17S-32E</u>
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>											
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>											
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>											
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>											
(Other) <input type="checkbox"/>												
		12. COUNTY OR PARISH <u>Lea</u>										
		13. STATE <u>NM</u>										

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>Repair Communications</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.)\*

Subsequent to NMOCDO request. Work started 8/19/87. Bled well down. TBG corroded on outside, POOH w/ Hg & pkr. Run entry guide, pkr, on-off tool & 114, 1/2 2 3/8" Hg. Set pkr at 3498'. Circulate wellbore w/ 75 bbls Conoco pkr fluid. Hatch onto pkr, load & test csq to 500 psi, csq held. Test Hg to 2500 psi, held okay. R1H w/ WL overshoot. Fish plug out of 1.71 R nipple & rig down. Work Completed 8/20/87.

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

SIGNED W. J. FINNEY TITLE Administrative Supervisor DATE November 13, 1987

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ ACCEPTED FOR RECORD DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

NOV 18 1987

\*See instructions on Reverse Side

SJS  
CARRISBAD, NEW MEXICO

Under the provisions of section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM-Carrisbad (66)