

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPPLICATE
(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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR CONOCO INC.</p> <p>3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FEL</p> <p>14. PERMIT NO.</p>	<p>N. M. OIL CONS. COMMISSION P. O. BOX 1080 HOBBS, NEW MEXICO 88240</p> <p>7. UNIT AGREEMENT NAME MCA Unit</p> <p>8. FARM OR LEASE NAME MCA Unit Bty 3</p> <p>9. WELL NO. 75</p> <p>10. FIELD AND POOL, OR WILDCAT Mali G/SA Repress</p> <p>11. SEC., T., R. M., OR BLK. AND SURVEY OR AREA Sec 22-175-32E</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE NM</p>
<p>15. ELEVATIONS (Show whether DF, ST, CR, etc.)</p>	

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

(Other) **Repair surf wf**

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.)*

MIRU. Water flowing between 4 1/2" liner & 7" csg. Set RBP @ 3822' & pkr @ 3788'. Tested csg & found bad spot @ 3288'-3318'. Set 10 sxs class "C" cmt plug w/2% CaCl₂ from 3188'-3318'. Perf w/2 jspt @ 900'. Cmt. thru perfs w/350 sxs class "C" cmt w/2% CaCl₂ @ WOC. DO & test to 500^{ft}. Return to production.

Verbal app'l obtained from Bob Pitscke on 5/16/85.

- ① Perf both 4 1/2" & 7" csg.
- ② Circ. to surface.



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

SIGNED *Kenn Vogel* TITLE Administrative Supervisor DATE 5/17/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 6-4-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JUN -5 1985

O.C.B.
HOBBE OFFICE