

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
TO THE STATE COMMISSIONER OF LAND AND MINES

Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-057210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

7. UNIT AGREEMENT NAME

MCA Unit Bty 4

2. NAME OF OPERATOR

Conoco Inc.

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR

P.O. Box 460 - Hobbs, NM 88240

9. WELL NO.

#347

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

1245/N + 160/E
Unit letter A

10. FIELD AND POOL OR WILDCAT

Malg. (G-SA)

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

Sec. 27, T17S, R32E

14. PERMIT NO.
30-025-24515

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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENTS

(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.)

10-6-89 C.O. to 4170. Shot additional perms 1 TSPF @ 4122-24, 4114-19, 4098-4100, 4090-95, 4078-82, 4074-76, 4042-48, 4027-31, 4014-22, 3976-79, 3964-73, 3936-42, 3928-33, 3919-24, 3892-3900, 3866 to 75. Acidize 6th + 17th according to procedure. Swab, C.O. fill. Run prod. equip.

RECEIVED
NOV 15 10 51 AM '89

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

SIGNED *W.W. Baker* TITLE *Administrative Supervisor* DATE *11-13-89*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

NOV 20 1989

**OCEI
HOBBS OFFICE**