

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.
~~LC 029405 B~~ 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME MCA Unit
2. NAME OF OPERATOR CONOCO INC.		8. FARM OR LEASE NAME MCA
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240		9. WELL NO. 146
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL		10. FIELD AND POOL, OR WILDCAT Mali (G-SA)
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.)	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 27-17S-32E
		12. COUNTY OR PARISH Lea
		13. STATE 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) <input 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.)*

MIRU on 2/19/85. Set RBP @ 3450' & pkr @ 3435'. Found leaky csg @ 332'-354' & 710'-892'. Set RBP @ 2500' & spot 2 sxs sand on top. Set cmt retainer @ 671'. Pump 200 sxs class "H" cmt w/3% CaCl₂. Circ. clean. Shot 2 JS @ 360'. Set pkr @ 264'. Pump 200 sxs class "H" cmt w/3% CaCl₂ & displace w/2 1/4 bbls H₂O. WOC. TOC @ 300'. DO to 390'. Tested sqz to 500# for 15 min & held. Drill thru cmt retainer & 10' below to 681'. DO cmt from 681'-832'. Reset pkr @ 672'. PIT to 500# for 15 min, leaked off to 75#. Rel pkr. Set RBP @ 414'. Spot 2 sxs sand on top. Shot 2 holes @ 340'. Set pkr @ 280'. Pump 150 sxs class "H" cmt w/3% CaCl₂. S.I. 15 min & pump 3 1/2 bbl water. TOC 310'. Rel pkr. DO cmt to 400' & fell thru. Test sqz to 800# for 15 min & held. Rel RBP. CO to 3897'. Return well to prod.

Verbal app'l. from Bob Pitscke obtained on 2/28/85.

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

SIGNED David Smyli TITLE Administrative Supervisor DATE 4/3/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 5-7-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

MAY 3 1985

CLERK
NOTES OFFICE