

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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

RECEIVED

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.)

JAN 10 3 51 PM '89

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
25' FSL & 1345' FWL - Unit Letter N

14. PERMIT NO.
30-025-23559

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

5. LEASE DESIGNATION AND SERIAL NO.
LC-057210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA Unit

8. FARM OR LEASE NAME
MCA Unit B43

9. WELL NO.
261

10. FIELD AND POOL, OR WILDCAT
Maljamar (G-SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
28-17S-32E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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>Cased Hole Stimulation</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recoupletion 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.)*

Work started 11/28/88. MIREL. POOH w/ rods & pump. Clean out to 3838'. Turn out rough spot in casing from 3838'-41'. Drill out to 4129'. Repair 6th zone 3835'-3925'. Perf upper 7th zone 3973'-4032'. Perf lower 7th zone 4055'-4095'. G/H w/ string mills. Dress csg at 3838'. Sand frac. 7th zone. Acidize 6th zone w/ 27 bbls acid. Sand frac. 6th zone. Run rods & pump. Place on production. Work completed 12/19/88.

STANLEY
ADMINISTRATIVE SUPERVISOR
LEA COUNTY, NEW MEXICO

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

SIGNED Stanley V. Stanley TITLE Administrative Supervisor DATE January 16, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side