

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC.  
(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.)

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 Unit F

14. PERMIT NO. 1355' FNL & 1330' FWL  
30-025-29955

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3920' GR

LEASE DESIGNATION AND SERIAL NO.  
LC-059001

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
MCA

8. FARM OR LEASE NAME  
MCA Unit

9. WELL NO.  
371

10. FIELD AND POOL, OR WILDCAT  
Maljamar G/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 33-17S-32E

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:

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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Set surface csq</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.)\*

- ① MIEU and spud well on 8/10/87.
- ② Ran 26 jts of 16" surface csq & set @ 1065' cmt'd w/ 910 5XS class "C".
- ③ Had 42 bbls cmt returns on 8/13/87. WOC

ACCEPTED FOR RECORD

AUG 31 1987

STS

CARLSBAD, NEW MEXICO

AUG 20 12 37 PM '87  
CARLSBAD RESOURCE  
AREA HEADQUARTERS

RECEIVED

I hereby certify that the foregoing is true and correct.

SIGNED: [Signature] DE FINNEY TITLE: Administrative Supervisor

DATE: 8/18/87

This space for regional or State office use:

APPROVED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

DATE: \_\_\_\_\_

\*See instructions on Reverse Side

RECEIVED

SEP 8 1987

OCB  
HOBBS OFFICE