

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

M. Oil Cons. Division  
1625 N. French Dr.  
Hobbs, NM 88240

APPROVED  
Budget Bureau No. 1004-0135  
March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <b>Injection Well</b>	5. Lease Designation and Serial No. <b>LC 029509A</b>
2. Name of Operator <b>Conoco Inc</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <b>10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580</b>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) <b>1980' FSL &amp; 660' FWL, Sec. 21, T17S, R32E, L</b>	8. Well Name and No. <b>MCA Unit #67</b>
	9. API Well No. <b>30-025-00610</b>
	10. Field and Pool, or Exploratory Area <b>Maljamar Grayburg/SA</b>
	11. County or Parish, State <b>Lea, NM</b>

**CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

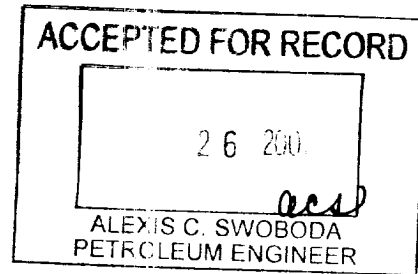
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input checked="" type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other <b>CIT</b>
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)\*

The subject well was reactivated earlier this year. Attached is a recent casing integrity test run while testing some other wells.

REESA,  
SEND US (NMOCD)  
THE ORIGINAL CHART  
PLEASE - THANKS  
GARY W. WINK



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

Signed Reesa Wilkes Title Regulatory Specialist Date 10/8/01

(This space for Federal or State office use)

Approved by Gary W. Wink Title \_\_\_\_\_ Date OCT 29 2001

Conditions of approval if any \_\_\_\_\_

BLM(6), NMOCD(3), SHEAR, PONCA, COST ASST, FIELD, FILE ROOM

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

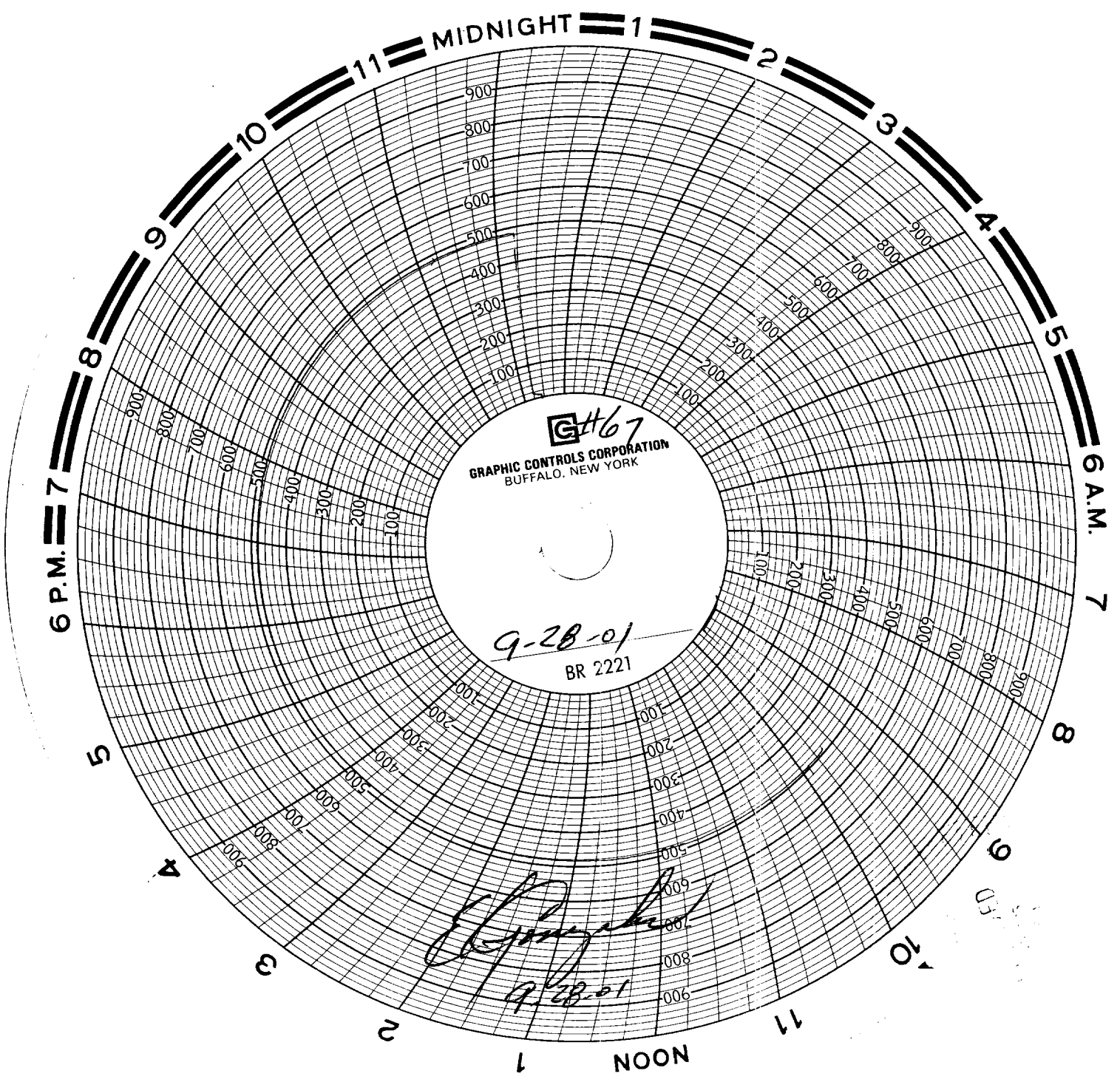
\*See Instruction on Reverse Side

J  
C  
r

**G#67**  
GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

9-28-01  
BR 2221

*[Handwritten Signature]*  
9-28-01



MCA Unit  
well No 67

MANUEL FRANCO. Pool CC  
9/28/01

RECEIVED

SEP 28 2001

RECEIVED