

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

PERMIT IN TRI
(Other instructio
reverse side)

DATE
August 11, 1983

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.)

LEASE DESIGNATION AND SERIAL NO.
LC-058698A

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME
MCA Unit Bty 4

FARM OR LEASE NAME

WELL NO.
#82

FIELD AND POOL, OR WILDCAT
Meliamar G-SA

SEC., T., R., M., OR BLK. AND SURVEY OR AREA
23-175-32E

COUNTY OR PARISH

STATE
La NM

1. OIL WELL GAS WELL OTHER **Injection**

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Unit N 660/S + 1980/W

14. PERMIT NO.
30-025-00644

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

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) **Casing Integrity test**

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)

A casing integrity test was run on this well 4/18/90 (see attached chart). This test was run in compliance with NMOC Rule 704.

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

SIGNED *[Signature]* H.A. Ingram TITLE **Conservation Coordinator** DATE **5/22/90**

(This space for Federal or State office use)

FOR RECORD ONLY

APPROVED BY _____ DATE **MAY 31 1990**

(6) BLM (3) OCD

*See Instructions on Reverse Side (1) File

