

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

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"/>	5. LEASE DESIGNATION AND SERIAL NO. LC - 029410(A)
2. NAME OF OPERATOR CONOCO INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	7. UNIT AGREEMENT NAME MCA
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit M	8. FARM OR LEASE NAME MCA Unit Bty 2
14. PERMIT NO. 30-025-00756	9. WELL NO. 214
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 660' ESL & 660' FWL	10. FIELD AND POOL, OR WILDCAT Mahamar G/SA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29-175-32E
	12. COUNTY OR PARISH Lea
	13. STATE NM

18. 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"/>	

(Other) shut off surf. wtrflow

(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 MIRU
- ② Rig up pmp truck to bradenhead valve
- ③ Run tracer survey
- ④ Bradenhead sqz the csg-csg annulus as follows:
 - a. Lead-in w/ 2bbls salt saturated brine
 - b. pmp 2bbl fresh wtr cushion
 - c. pmp 20 bbls Flo-Chek
 - d. tail-in w/ 100 sxs Class "H" cmt
 - e. Displace cmt thru wellhead w/ fresh wtr
- ⑤ shut-in braden head valve & install a pop-off valve set @ 800 psi
- ⑥ Return MCA #214 to prod.

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 11-15-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 11-22-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

NOV 25 1985

C. C. S.
HONORARY OFFICE