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

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: 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

5. Lease Designation and Serial No.: LC 029509A
6. If Indian, Allottee or Tribe Name:
7. If Unit or CA, Agreement Designation: 8920003410
8. Well Name and No.: MCA Unit #368
9. API Well No.: 30-025-29854
10. Field and Pool, or Exploratory Area: Maljamar G/SA
11. County or Parish, State: Lea County, New Mexico

1. Type of Well: [X] Oil Well [ ] Gas Well [ ] Other
2. Name of Operator: ConocoPhillips Company
3. Address and Telephone No.: 4001 Penbrook St., Odessa, TX 79762 (432) 368-1667
4. Location of Well (Footage, Sec., T., R., M., or Survey Description): Sec. 21, T-17-S, R-32-E

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
[X] Notice of Intent	[ ] Abandonment	[ ] Change of Plans
[ ] Subsequent Report	[ ] Recompletion	[ ] New Construction
[ ] Final Abandonment Notice	[ ] Plugging Back	[ ] Non-Routine Fracturing
	[ ] Casing Repair	[ ] Water Shut-Off
	[ ] Altering Casing	[ ] Conversion to Injection
	[X] Other _____	[ ] 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.)*

NOTE: See Attached Procedure.

APPROVED
FEB 5 2004
GARY GOURLEY
PETROLEUM ENGINEER

14. I hereby certify that the foregoing is true and correct
Signed Celeste M. Dale Title Regulatory Analyst Date 2/2/2004

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

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.

GWW

*See Instruction on Reverse Side

MCA Unit #368
Acidize Existing Grayburg/San Andres Perforations

Recommended Procedure

1. MIRU well service rig. POOH w/ rods and pump. Check rods and pump for signs of scale or paraffin. Analyze any scale or paraffin present for type. ND wellhead and NU shop tested, Class 1 BOP and environmental tray.

2. Lower 2 7/8" tubing, tag fill, and TOOH w/ 2 7/8" tubing. Visually inspect tubing while pulling. If condition is good, use tubing as workstring. If not, lay down 2 7/8" tubing and PU 2 7/8" workstring.

3. If fill is above 4150', TIH w/ bit and bailer on tubing. CO to 4200'+/-. TOOH w/ bit, bailer and tubing and obtain fill sample. Check fill sample for calcium sulfate scale. If calcium sulfate scale is present, a scale converter will be required prior to the acid stimulation.

4. TIH with 5 1/2" treating packer on workstring. Test workstring to 4000 psig while GIH. TIH w/ packer on workstring to 4140'+/-.

5. MIRU pump truck. Spot 9 bbl xylene across perfs 3758-4137'. Set packer at 3730'+/-. SION.

6. RU swab equipment and swab back xylene. RD swab equipment. Load back side with clean produced water.

7. MIRU pump truck. Test all surface lines to 4000 psig. Acidize Grayburg perfs 3758-4137' overall w/ 3000 gal of 15% NEFE HCl using 600# of rock salt in three stages @ 3-4 BPM and max P of 3500 psig as follows:

    a) Pump 1000 gal of 15% NEFE HCl.
    b) Pump 300 gal of 10# gelled brine containing 300# rock salt.
    c) Pump 1000 gal of 15% NEFE HCl.
    d) Pump 300 gal of 10# gelled brine containing 300# rock salt (adjust rock salt amount based on response during step b).
    e) Pump 1000 gal of 15% NEFE HCl.
    f) Flush to 4137' w/ produced water.
    g) Record ISIP, 5, 10, & 15 minute SI pressures.

8. RDMO pump truck. Flow back well until it dies. RU swab equipment and swab acid water. RD swab equipment.

9. Unseat packer. TOOH w/ workstring and packer.

10. TIH with 2 7/8" production tubing.

11. ND BOP and NU WH. RIH with pump and rods.

12. RDMO well service rig and return well to production. Report results in WellView until well is pumped down or load is recovered, then drop from report.