

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-054687

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Hudson Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Maljamar G/LSA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec 15-17S-32E

12. COUNTY OR PARISH 13. STATE

Lea NM

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ injection well
2. NAME OF OPERATOR
CONOCO INC.
3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
- 1980' FSL & 660' FWL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRAC TREATMENT ☐ MULTIPLE COMPLETION ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
Other ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) bradenhead squeeze ☒

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

17. NEW RISK OR RE-USED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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.)*

MIRU on 6/6/85. Flow coming out of surface pipe; found wellhead leak. Installed new wellhead. Set pkr @ 2012'. Test csg to 5m^{ff}. Ran tracer survey from surface to 1150'. Obtained NMOCAD app'l. to bradenhead squeeze from R.A. Sadler who was on location to witness the squeeze. Pmpd 250 sxs cement w/3% CaCl₂. Displace thru wellhead. Rel pkr. Ran injection equipment.

Notified Bob Pitsche w/BLM on 6/11/85 of work done & received permit approval.

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

SIGNED

TITLE

Administrative Supervisor

DATE

6/12/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

JUL 1 1985

*See Instructions on Reverse Side