

UNITED STATES OIL AND GAS COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MEXICO 88740

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 ☐ 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

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.

10. FIELD AND POOL, OR WILDCAT
Maljamar G/SA

11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA
Sec 15-17S-32E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRAC TREAT	☐	FRAC TREATMENT	☐
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☐
REPAIR WELL	☐	(Other)	☐
PULL OR ALTER CASING	☐	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
MULTIPLE COMPLETE	☐		
ABANDON*	☐		
CHANGE PLANS	☒		

17. RES. RIDE 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 cs to 500#. Ran tracer survey from surface to 1150'. Obtained NMOC app'l to bradenhead sz. from R.A. Sadler who was on location to witness the squeeze. Pmpd 250 sxs class "H" cmt w/3% CaCl₂. Displace thru wellhead. Rel pkr. Ran injection equipment.

Notified Bob Pitscke w/BLM on 6/11/85 of work done & verbal approval was obtained.

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 6/12/85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature] DATE 7/1/85

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

RECEIVED
JUL - 2 1965
HOBBS