

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction  
reverse side)

Revised Bureau No. 1-81-1  
Revised August 31, 1983  
LEASE DESIGNATION AND SERIAL NO.

LC-029405B

IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐

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

660' FSL & 460' FWL Unit Letter M

14. PERMIT NO.

30-025-00596

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

3997'

7. UNIT AGREEMENT NAME

MCA Unit

8. FARM OR LEASE NAME

MCA Unit

9. WELL NO.

No. 267

10. FIELD AND POOL, OR WILDCAT

Maljamar G-SA

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

Sec. 17, T17S, R32E

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:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

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) Repair Surface Waterflow

(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.)\*

9-2-87 Set RBP-at 2485', set pkr @ 2473', test to 1000#, held. Release pkr test csg. to 1000# for 15 minutes, held.

9-9-87 Establish circulation rate of 1 BPM with 1600#, pumped 26 Bbls of class "C" Neat cmt. Attempted to squeeze 2 Bbls of class "C" 14.8# @ 1000#, squeezed 1/2 Bpm away & pressure held @ 1000# for 15 min.

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

SIGNED W.W. Baker W.W. BAKER

TITLE Administrative Supervisor

DATE August 22, 1989

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

\*See Instructions on Reverse Side