

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instruction  
verse 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"/>                                                                       | 7. UNIT AGREEMENT NAME<br><i>MCA Unit</i>                             |
| 2. NAME OF OPERATOR<br><i>Conoco Inc.</i>                                                                                                                                              | 8. FARM OR LEASE NAME<br><i>MCA Unit Bty 1</i>                        |
| 3. ADDRESS OF OPERATOR<br><i>P.O. Box 460 - Hobbs NM 88240</i>                                                                                                                         | 9. WELL NO.<br><i>No. 267</i>                                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><i>660' FSL &amp; 460' FWL Unit Letter M</i> | 10. FIELD AND POOL, OR WILDCAT<br><i>Mojave G-SA</i>                  |
| 14. PERMIT NO.<br><i>30-025-00596</i>                                                                                                                                                  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><i>17-17S-32E</i> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><i>3997' D.F. SDS</i>                                                                                                                | 12. COUNTY OR PARISH<br><i>Lea</i>                                    |
|                                                                                                                                                                                        | 13. STATE<br><i>NM</i>                                                |

16. 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 COMPLETION <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"/>               |                                          |

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.)

MIRU. POOH w/ rods, pump, Abq & SOPMA. Set RBP at 2500'. Pressure test under pkr to 1000 psig. Rel pkr & pressure test csq to 1000 psig. POOH. Fill surface csq-production csq annulus with water by pumping down bradenhead valve. Weld on 2 8"x1/4"x4" support veins 90° apart to prevent buckling. Have well ventilated. Monitor for gas. Cut a 2"x12" vertical hole in surface csq. Insert entry guide & seal weld to surface csq. Make sure entry guide is parallel to wellhead. Weld 1/4" steel plate gusset to csq for added support. Fill pit back in. Install modified stuffing box to top of entry guide. Double muleshoe the coiled tubing & start it down the entry guide. Run coiled Abq down to 790'. Make sure circulation is

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

|                                                        |                                        |                     |
|--------------------------------------------------------|----------------------------------------|---------------------|
| SIGNED <i>[Signature]</i> <i>DE FINEY</i>              | TITLE <i>Administrative Supervisor</i> | DATE <i>6/20/87</i> |
| This space is for agency or State office use           |                                        |                     |
| APPROVED <i>[Signature]</i> <i>Acting Area Manager</i> |                                        |                     |
| TITLES <i>CARLEAD Resource</i>                         |                                        |                     |
| CONDITIONS OF APPROVAL, IF ANY:                        |                                        |                     |
| DATE <i>6.30.87</i>                                    |                                        |                     |

\*See instructions on Reverse Side

WCH Unit No. 267

Pg 2

maintained. Tighten stuffing box, remove coiled Hg BOP's, install a  $\frac{3}{4}$ " clamp. Cut off coiled Hg from the coiled Hg unit. Crimp on a  $\frac{3}{4}$ " hammer union thread to the end of the coiled Hg. Open Bradenhead valve. Establish circulation rate of at least  $\frac{1}{2}$  BPM down coiled Hg. Do not exceed a maximum surface pressure of 5000 psi. Pump 105 sacks class "C" - neat cement not exceeding 5000 psi. Once circulation breaks, shut-in Bradenhead valve and attempt to squeeze an additional 15 sacks of cement not exceeding 1000 psi at  $\frac{1}{4}$  BPM. Flush to clear out cement lines. Break off  $\frac{3}{4}$ " cementing connection. Rig down. WOC 24 hrs.

RECEIVED

JUL 2 1987

OCD  
HOBBS OFFICE