

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction on reverse 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 backfill a well. Submit separate proposal. Use "APPLICATION FOR PERMIT" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection</u>	7. UNIT AGREEMENT NAME <u>MCA</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME <u>MCA Unit Sty 2</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 460, Hobbs, NM 88240</u>	9. WELL NO. <u>42</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface <u>1650' FNL + 330' FEL</u>	10. FIELD AND POOL, OR WILDCAT <u>Maljamar (G-SA)</u>
14. PERMIT NO. <u>30-025-00602</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 21, 17S, 32E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>Nm</u>

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 COMPLETE <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"/>	

(Other) Shut off water Injection ☒

(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.)*

It is proposed to shut off 9th Massive water injection in the subject well. If there is no loss at the 4-1/2" casing shoe, a cement plug back will first be attempted and if unsuccessful, a liner will be installed. The well has no shot section and it should not be necessary to "PUDDLE-PACK". The following steps will be performed:

- Test 4-1/2" casing to 2000 psi, repair if necessary.
- Clean out open hole to TD. (no shot sections).
- Run injection profile and caliper over open hole. If there is loss at the casing shoe, run liner.
- Plug back open hole w/cement. (if profile shows injection only into the 9th Massive, we will set a packer in casing and squeeze the open hole, displacing cement to above the 9th.)
- Drill out and run new profile. If 9th is shut off, acidize the 6th and 7th, run a final profile, and return to injection.
- If shut off is unsuccessful, run & cement fiberglass liner.
- Perforate, acidize, and return to injection.

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

SIGNED D.F. Finney TITLE Adm. Supervisor

DATE 8/4/88

(This space for Federal or State office use)

APPROVED BY CRIS SCD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side