

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons
P.O. Box 1980
Hobbs, NM 88249

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.
LC 029509A
6. 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 reentry to a different reservoir.
Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> INJECTION Other	8. V MCA Unit Well #70
2. Name of Operator CONOCO INC.	9. API Well No. 30 025 00604
3. Address and Telephone No. 10 DESTA DR. STE 100W, MIDLAND, TX. 79705 (915) 686 - 5424 915 684-6381	10. Field and Pool, or Exploratory Area Maljamar Grayburg San Andres
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SURFACE: 1980 FSL & 1980 FEL TD: Sec 21, T17S, R32E	11. County or Parish, State LEA, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other: Test Casing
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)

I-I4-97: Tested tubing & casing to 500 psi - 15 minutes, held good, closed well in and shut down.

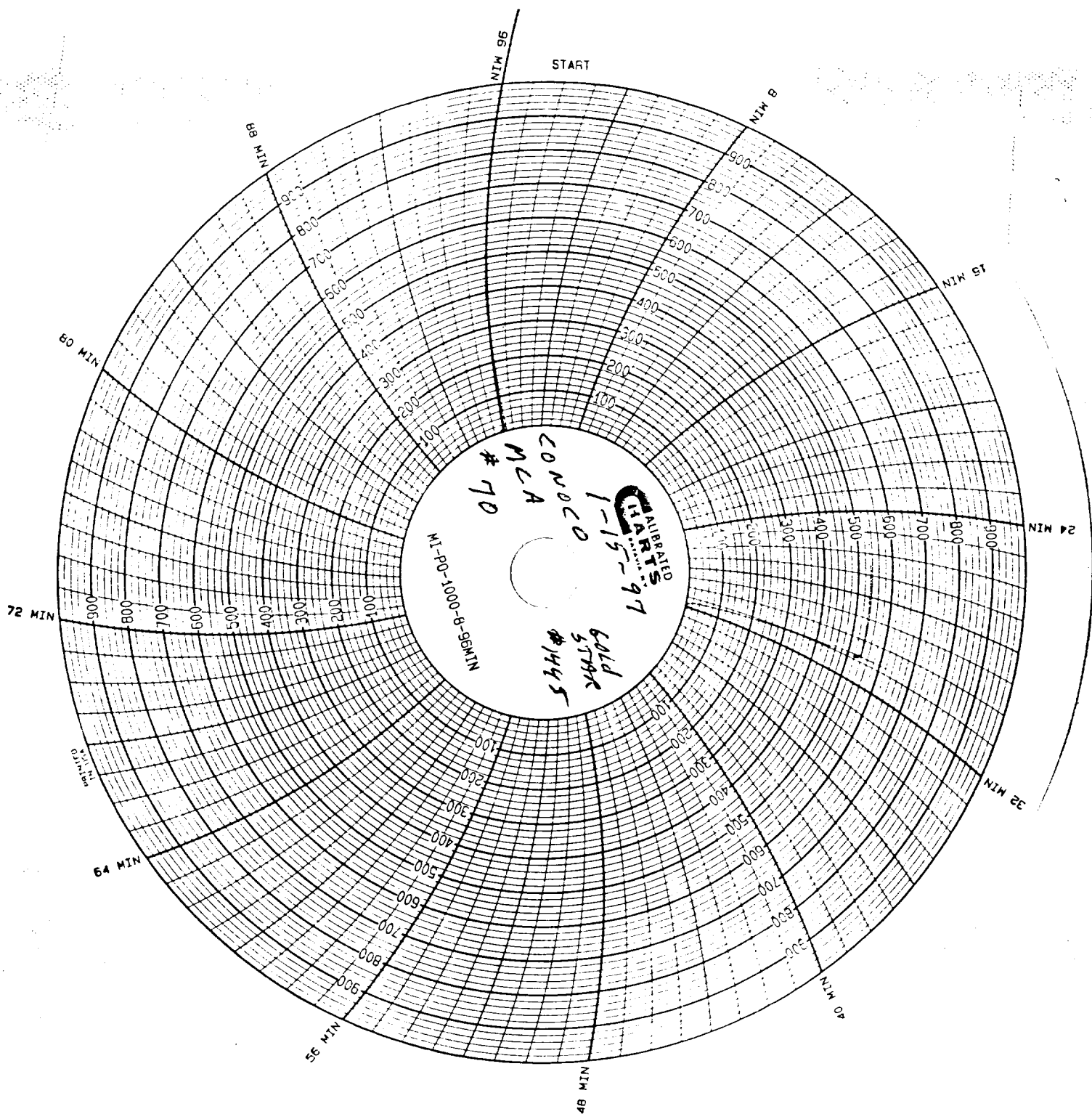
I-I5-97: Circulated well with packer fluid, ran 30 minute chart to 500#, held good. Hooked well to flow-line. Chart attached.

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

Signed (This space for Federal or State office use) (ORIG. SGD.) DAVID R. GLASS	Title Ann E. Ritchie REGULATORY AGENT	Date 2-4-97
Conditions of approval, if any	Title	Date

Title 18 U.S.C. Section 1001 makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side



O.C. 11 WAS NOTIFIED BUT DID NOT
W: 7/1/55

GOLD STAR
UNIT #37
Arnold 500000
#1475

GOOD
30 MIN CHART @ 500#
FEEL. LSC. NW
MCA UNIT SEC 21, T17S, R32E
CONOCO #70
MCA UNIT SEC 21, T17S, R32E

1-15-97