

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. SUBMIT IN TRIPLICATE
Borden, Instructor
verse side
NOBLE NEW MEXICO

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection | 7. UNIT AGREEMENT NAME MCA |
| 2. NAME OF OPERATOR CONOCO INC. | 8. FARM OR LEASE NAME MCA Unit Bty 2 |
| 3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240 | 9. WELL NO. 70 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL + 1980' FEL Unit J | 10. FIELD AND POOL, OR WILDCAT Maljamar (G-SA) |
| 14. PERMIT NO. 30-025-00604 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, 17S, 32E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 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 <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 <input checked="" type="checkbox"/> | | (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 injection loss to the 9th Massive in MCA 70. A cement plug back will first be attempted. If the plug is ineffective or if there is loss at the casing shoe, the well will be converted to a cased hole completion using the "PUDDLE-PACK" recompletion process. The following steps will be performed:

- Test 7" casing to 500 psi, repair if necessary.
- Clean out open hole to PBTD (4144').
- Run caliper and injection profile logs.
- Plug back w/cement to above 9th zone.
- Run inj. profile; if 9th is shut off and there is no loss at casing shoe, return to injection.
- If necessary, "PUDDLE-PACK" from 4000' to 3900'.
- Drill out and underream. (no squeeze @ shoe should be required).
- Run & cement 4-1/2" liner.
- Perforate and return to injection.

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

SIGNED D.F. Finney TITLE Adm. Supervisor

DATE 8-17-88

(This space for Federal or State office use)

APPROVED BY CHIEF, MINERAL RESOURCES
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Subject to
Like Approval
by State

*See Instructions on Reverse Side