

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMITTING OFFICE  
(Other instructions  
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 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><u>MCA Unit</u>                             |
| 2. NAME OF OPERATOR<br><u>Conoco Inc.</u>                                                                                                                                                 | 8. FARM OR LEASE NAME<br><u>MCA Unit Bty 3</u>                        |
| 3. ADDRESS OF OPERATOR<br><u>P.O. Box 460 - Hobbs, New Mexico 88240</u>                                                                                                                   | 9. WELL NO.<br><u>88</u>                                              |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><u>660' FSH &amp; 660' FWH - Unit Letter M</u> | 10. FIELD AND POOL, OR WILDCAT<br><u>Meliamar G-5A</u>                |
| 14. PERMIT NO.<br><u>30-025-00628</u>                                                                                                                                                     | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><u>22-17S-32E</u> |
| 15. ELEVATIONS (Show whether DP, RT, GR, etc.)                                                                                                                                            | 12. COUNTY OR PARISH 13. STATE<br><u>Lea NM</u>                       |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |                                               |

SUBSEQUENT REPORT OF:

|                                                                          |                                          |
|--------------------------------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>                                  | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>                              | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>                           | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <u>Convert to Cased Hole</u> <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.)\*

Work started 12/8/87. M.I.R.U. Clean out & jet wash open hole 3627'-4160'. Press test csg to 500 psi. Spot 35 bbls 15% HCL-NE-FE acid. "Puddle Pack" open hole w/ 50 bbls resin slurry. Tag top of resin at 3970'. Pump add'l 31 bbls resin slurry. Tag at 3777'. Quill out resin to TD. Run liner & hanger/pks. Cement w/ 100 sacks 50/50 poz mix class "C" cement w/ 0.75% Italad. 4. Engage pack-offs. Hanger at 3228'. Quill out cement. Quill out liner to 4156'. Run CBL. Swab fluid level down. Perf 4145'-4042'. Acidize w/ 27 bbls 15% HCL-NE-FE acid. Inhibit 9<sup>th</sup> & 7<sup>th</sup> zone. Set RBP above 7<sup>th</sup> zone. Perf 3930'-3990'. Acidize w/ 30 bbls 15% HCL-NE-FE acid. Swab back & inhibit. Set RBP Perf 3838'-3875'. Acidize w/ 24 bbls 15% HCL-NE-FE acid. Frac w/ 9500 gals HPG & 15,500# Ottawa 16-30 sand at 18 BPM followed w/ 1500gal X-link pad. Release pks & RBP. Place well on production.

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

SIGNED DE FINNEY

TITLE Administrative Supervisor

DATE May 18, 1988

(This space for use of State office use)

APPROVAL OF  
COMMISSIONER OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

\*See instructions on Reverse Side

SJS

CARLSBAD, NEW MEXICO

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.

BLM-Carlsbad (4) 0x111 F 00011 7:0.