

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO COMMISSION

SUBMIT IN TRI-STATE
(Other Instructions)
EXPIRES DATE

Budget Bureau No. 1904-01
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 <u>MCA Unit Bly 3</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, NM 88240</u>	9. WELL NO. <u># 73</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>1980' FSL + 1980' FWL Unit X</u>	10. FIELD AND POOL, OR WILDCAT <u>Maljamar G-SA</u>
14. PERMIT NO. <u>30-025-00631</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 22, T17S, R32E</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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Cleanout + Frac.</u>	
(Other) <input 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.)*

11-1-89 Cleanout + jetwash to 4112'(TD). Frac the MG5A w/50,000# 16/30 frac sand. Cleanout frac sand from 4068 to 4090. Run prod. equip.

Adm

RECEIVED

NOV 10 11 23 AM '89

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

SIGNED <u>W.W. Baker W.W. Baker</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>11-27-89</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side