

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-
(Other instruction
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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-029509 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA Unit

8. FARM OR LEASE NAME

MCA Unit Bty 2

9. WELL NO.

40

10. FIELD AND POOL, OR WILDCAT

Maljamar G-SA

11. SEC. T., R., M., OR BLK. AND
SURVEY OR AREA

22-17S-32E

12. COUNTY OR PARISH 13. STATE

Lea NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460 - Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2310' FNL & 330' FWL - Unit Letter E

14. PERMIT NO.

30-025-00635

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Casing Integrity Test

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 perti-
nent to this work.)

A casing integrity test was run 8/1/89 on the
referenced well (chart attached). We respectfully
request permission for the well to remain shut-in.

Subject to
Line Approval
by BLM

APPROVED FOR 12 MONTH PERIOD
ENDING 10/1/90

RECEIVED
OCT 2 8 51 AM '89
CASH
AREA

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

SIGNED William W. Baker

TITLE Administrative Supervisor

DATE 8/7/89

(This space for Federal or State office use)

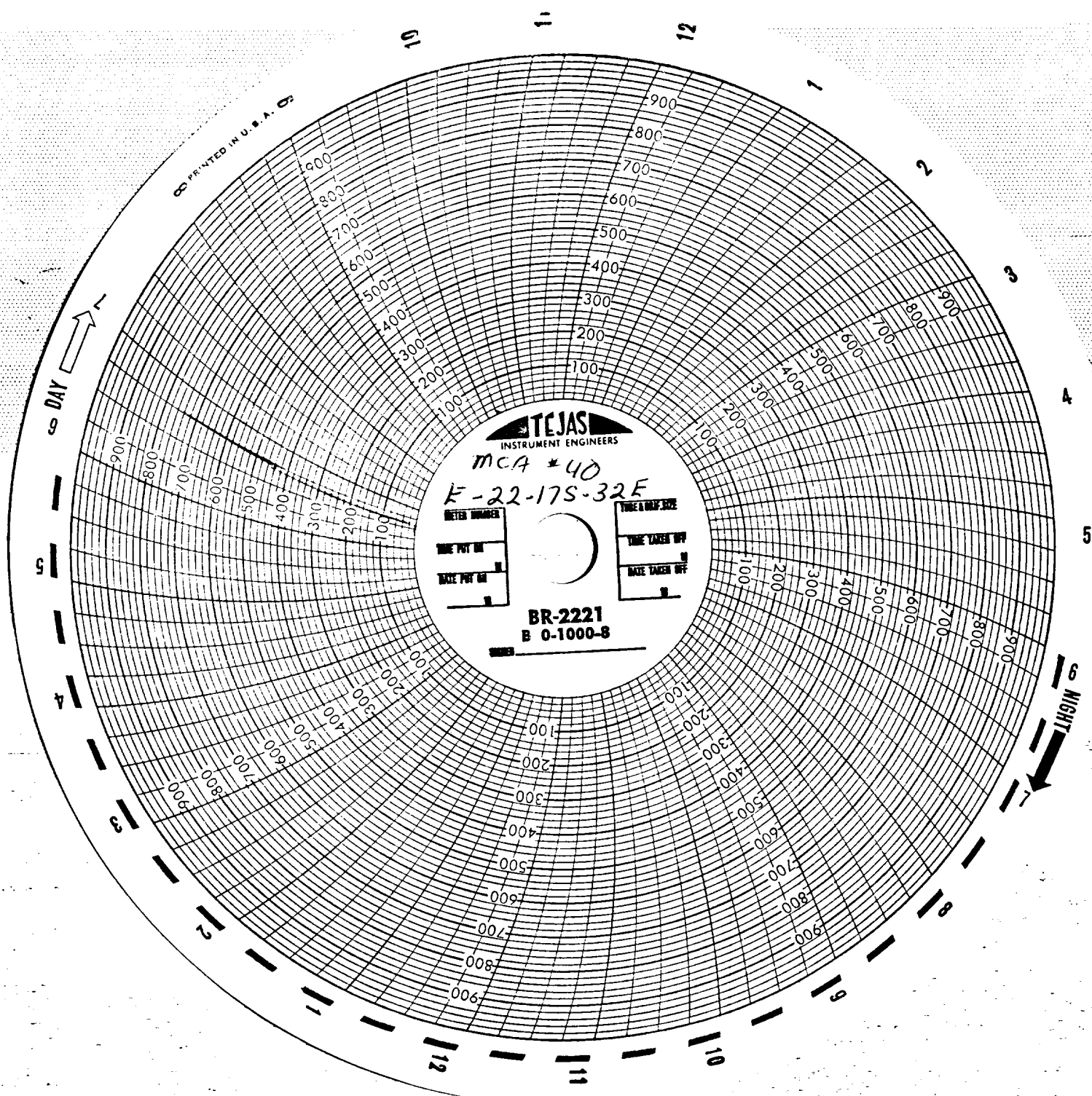
APPROVED BY Adam Salameh

TITLE DISTRICT MANAGER

DATE 10/4/89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



PRINTED IN U.S.A.

TEJAS
INSTRUMENT ENGINEERS

MCA #40

E-22-17S-32E

METER NUMBER

TIME PUT ON

DATE PUT ON

TIME & DATE TAKEN OFF

TIME TAKEN OFF

DATE TAKEN OFF

BR-2221

B 0-1000-8