Form 3100-5
(November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form Approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
LC-029509B

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 plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Conoco Inc.

8. FARM OR LEASE NAME
Baish B

3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs, NM 88240

9. WELL NO.
#4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
Unit A 660/N & E

10. FIELD AND POOL, OR WILDCAT
Maljamar G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T-17S, R-32E

14. PERMIT NO.
30-025-00638

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	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[ ]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[X]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other)				(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.)*

1-15-90 Clean-out to TD. Set CIBP @ 3670'. Perf. 2JSPF @ 3618-38' 42 holes. GIH w/pkr to 3528'. Pressure test. Acidized w/63.5 Bbls 15% HCl-NE-FE. Swab back load. Return to production.

ACCEPTED FOR RECORD
Ada
FEB 16 1990
CARLSBAD, NEW MEXICO

RECEIVED
FEB 12 1990
O. C. D.
HOBBS, OFFICE

18. I hereby certify that the foregoing is true and correct
SIGNED H A Ingram TITLE Conservation Coordinator DATE 2/9/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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.

LTR

Job separation sheet

Form 9-331
(November 1983)
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DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
LC-029509B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

RECEIVED
JAN 3 11 55 AM '90

(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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME

2. NAME OF OPERATOR
Conoco Inc.

8. FARM OR LEASE NAME
Baish B

3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs, NM 88240

9. WELL NO.
#4

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
Unit A ; 660'FNL & 660'FEL

10. FIELD AND POOL, OR WILDCAT
Maljamar G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 22, T-17S, R-32E

14. PERMIT NO.
30-025-00638

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4028' KB

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	[ ]	PULL OR ALTER CASING	[ ]	WATER SHUT-OFF	[ ]	REPAIRING WELL	[ ]
FRACTURE TREAT	[ ]	MULTIPLE COMPLETE	[ ]	FRACTURE TREATMENT	[ ]	ALTERING CASING	[ ]
SHOOT OR ACIDIZE	[X]	ABANDON*	[ ]	SHOOTING OR ACIDIZING	[ ]	ABANDONMENT*	[ ]
REPAIR WELL	[ ]	CHANGE PLANS	[ ]	(Other)			
(Other)				(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 recommended to test additional Grayburg pay in Baish B #4 as follows:

1. POOH w/rods & tubing
2. CO to PBTD @ 4107'
3. Perforate additional Grayburg pay.
4. Breakdown and acidize both existing pay + new pay from 3618-4023'.
5. Swab Back load
6. Test well by swabbing.

18. I hereby certify that the foregoing is true and correct
SIGNED Marie Simpson W.W. Baker for TITLE Administrative Supervisor DATE Dec 27, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 1-5-90
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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