

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-
(Other instructions on re-
verse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection	7. UNIT AGREEMENT NAME MCA Unit
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME MCA Unit 22, 3
3. ADDRESS OF OPERATOR PO Box 460, Hobbs, NM 88240	9. WELL NO. 84
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL + 660' FEL Unit P	10. FIELD AND POOL, OR WILDCAT Maljamar (G-SA)
14. PERMIT NO. 30-025-00639	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T17S, R32E
15. ELEVATIONS (Show whether DF, RT, CR, 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 PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) 'Puddle Pack' <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.)

'Puddle Pack' operations will be performed on this well.

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

SIGNED D. F. Finney

TITLE Administrative Supervisor

DATE 7/1/85

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE

DATE 8-16-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

RECEIVED

AUG 3 11 00 AM '85