

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other instructions
on reverse side)

DATE
ON

LEASE DESIGNATION AND SERIAL NO.
LC-058698A
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 ☐ GAS WELL ☐ OTHER ☒ Injection

2. NAME OF OPERATOR
Conoco Inc.

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Unit N 660/S + 1080/W

14. PERMIT NO.
30-025-00644

15. ELEVATIONS (Show whether DP, RT, GR, etc.)

7. UNIT AGREEMENT NAME
MCA Unit Bty 4

8. FARM OR LEASE NAME

9. WELL NO.
#82

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

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
23-175-32E

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

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 pertinent to this work.)*

A casing integrity test was run on this well
4/18/90 (see attached chart). This test was run in
compliance with NMOCB Rule 704.

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

SIGNED

H.A. Ingram

TITLE

Conservation Coordinator

DATE

5/22/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

(6)BLM (3)OCD

*See Instructions on Reverse Side

(1)File

