

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
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.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection well</u>		N. M. OIL CONS. COMMISSION	
2. NAME OF OPERATOR <u>CONOCO INC.</u>		P. O. BOX 1980 HOBBS, NEW MEXICO	
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>		8. LEASE OR LEASE NAME <u>MCA</u>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>1980' FSL & 1980' FEL</u>		9. WELL NO. <u>78</u>	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT <u>Maljamar G/SA</u>	
15. ELEVATIONS (Show whether DP, RT, GR, etc.)		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA <u>Sec 23-17S-32E</u>	
		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>run liner; rep surf. wf.</u>	<input checked="" type="checkbox"/>
(Other) <u>1</u>		(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.)*

MIRU on 3/4/85. Dump 325 sxs oyster shells. Spot 100* cal-seal on top. Run 400' of 4 1/2" liner. TOL @ 3515'. Pmpd 10 bbls of flo check 2, 2 BFW, 60 sxs class "C" cmt w/2% CaCl₂. Displace w/26 BFW. DO guide shoe & cmt to 3922'. CO to 4200'. Set pkr @ 3881'. Acid. w/100 bbls 15% HCL-NE-EE acid & flush w/30 bbls TFW. RU to surface csig valve & start to est. pump-in rate, water came up around wellhead. Rel pkr. Found 2" opening in surf head. Install bullplug. Log 3510' to 300'. TOC 1327'. Perf 2 holes @ 1100'. Set RBP @ 2112'. Dump 3 sxs sand on top RBP. Set pkr @ 359'. Pmpd 200 sxs class "C" cmt w/2% CaCl₂. Circ cmt to surface. Closed surf valve & squeeze reset w/rest of cmt @ 450 psi. TOC @ 1009'. Drill to 1560'. Circ hole clean. Tag RBP @ 3481'. Set pkr @ 3680'. Place on inj. Injecting 202 BWPD @ 2020 psi.

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

SIGNED <u>David J. Smylie</u>	TITLE <u>Administrative Supervisor</u>	DATE <u>4/25/85</u>
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(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

SWR
APR 29 1985

Subject to
Like Approval
by State

*See Instructions on Reverse Side

RECEIVED

MAY 1 1985

O.C.D.
HOBBS OFFICE

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