

UNITED STATES
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

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 <u>IN. well</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-058697(a)</u>
2. NAME OF OPERATOR <u>CONOCO INC.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	7. UNIT AGREEMENT NAME <u>MCA</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Unit P</u>	8. FARM OR LEASE NAME <u>MCA Unit Btry 4</u>
14. PERMIT NO. <u>30-025-00656</u>	9. WELL NO. <u>80</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>660' FSL & 660' FEL</u>	10. FIELD AND POOL, OR WILDCAT <u>Mulamar G/SA</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>SEC. 23-175-32E</u>
	12. COUNTY OR PARISH <u>Lca</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 ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) Cleanout & acidize

(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 MIRU on 10/21/85
- ② CO from 3850' to 4185', PBD @ 4200'
- ③ Acidize w/ 82 bbls 15% HCL & Xylene
- ④ Rig down

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

SIGNED

TITLE

Administrative Supervisor

DATE

10-30-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 4 1985

*See Instructions on Reverse Side