

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR...
(Other instructions on re-
verse side)

LEASE DESIGNATION AND SERIAL NO.
LC-058697B
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.)
Unit D 660' FNL + 660' FWL
14. PERMIT NO. **30-025-00678**
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME **MCA Unit B+y4**
8. FARM OR LEASE NAME
9. WELL NO. **#127**
10. FIELD AND POOL, OR WILDCAT **Maljamar G-SA**
11. SEC. T., R., M., OR B.L.E. AND SURVEY OR AREA
25-175-32E
12. COUNTY OR PARISH **Lea** 13. STATE **NM**

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) **Casing Integrity Test** ☒
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and 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 5/4/90 (see attached chart). This test was run in compliance with NMCD Rule 704.

RECEIVED
MAY 31 11 14 AM '90
CATTLE
AREA
AGENTS

ACCEPTED FOR FILING
Adm

CATTLE AREA AGENTS

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

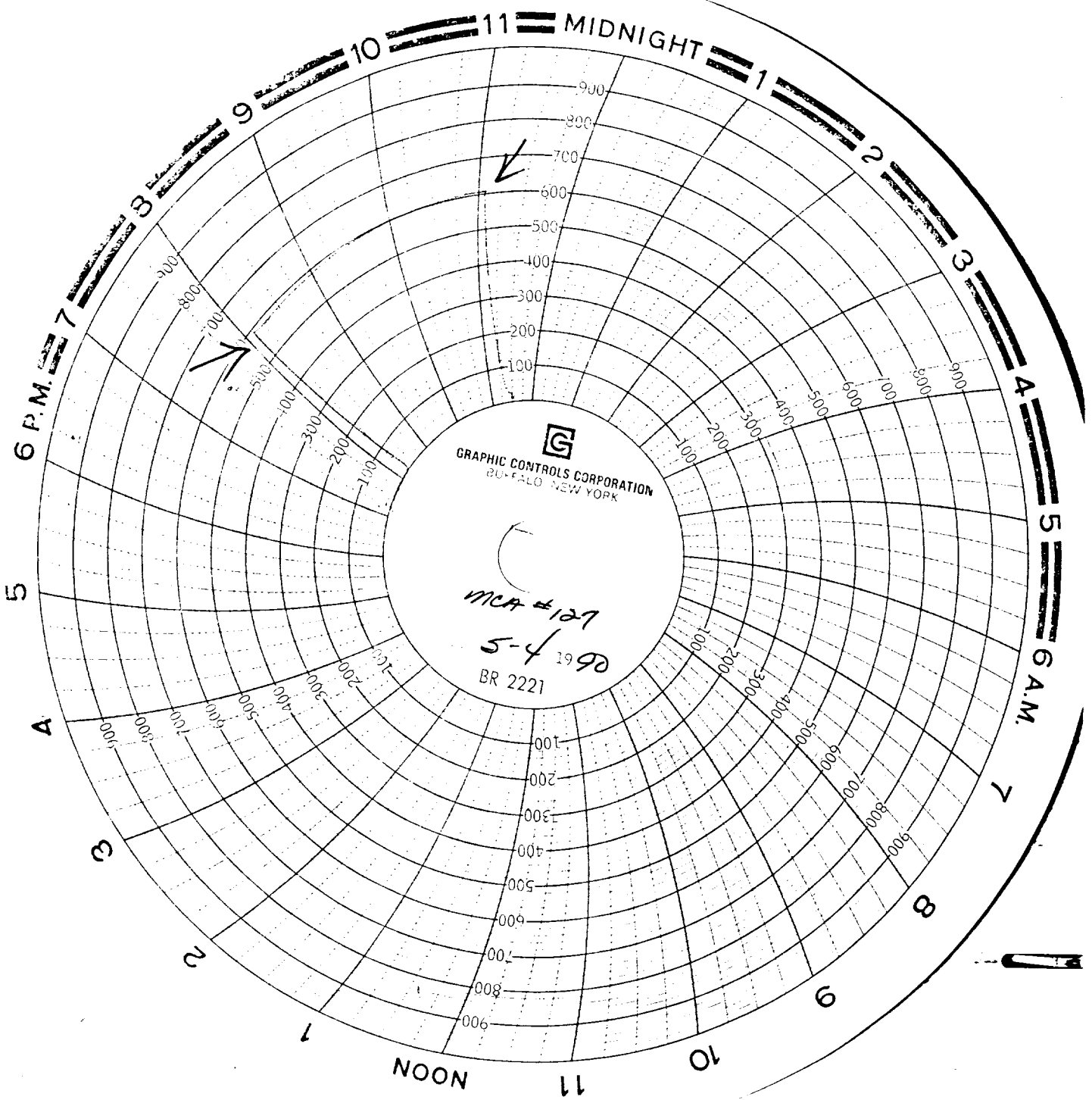
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

(6)BLM (3)OCD

*See Instructions on Reverse Side (1) File



CONOCO INC. MCA

Well No. MCA #127 Date 5-4-90

Packer Depth 3928' T.P. 0#

Reason For Repair Communication

The Test

Witness [Signature]

WOMEN'S COUNCIL

RECEIVED

JUN 11 1930

GOV
HOBBES OFFICE