Form 3100)=5 •November 1(683) (Formerly 9=331)	UNFED S DEPARTMEN OF BUREAU OF LAND	THE INTERIC	SUBMIT IN TRIPI TTE (Other instruction reverse side)	Expires Au	eau No. 1004-11 gust 31, 1985 TION AND BERIAL FO
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.)				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
UL GAS TOTHER				7. UNIT AGREEMENT NAME MCA Unit	
2. NAME OF OPERATOR				8. FARM OR LEASE	NAME
<u>CONOCO</u> 3. ADDRESS OF OPERATO				MCA Unit 9. WELL NO.	
P.O. Box 460 - Hobbs, NM 88240 1. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface				No. 129 10. FIELD AND POOL, OR WILDCAT Maljamar G-SA	
Unit Let	11. SEC. T. B. M., OF BLK. AND SURVEY OF AREA				
14. PERMIT NO.	15. ELEVATIONS	(Show whether DF, R	r, GR, etc.)	Sec. 25, 12. COUNTY OB PA	T17S, R32E
30-025-0				Lea	NM
16.	Check Appropriate Box	To Indicate Nat	ure of Notice, Report, or C		
	NOTICE OF INTENTION TO :			DENT REPORT OF :	
TEST WATEB SHUT-O FRACTURE TREAT SHOOT OB ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED O	PULL OR ALTER C NULTIPLE COMPLE ABANDON* CHANGE PLANS R COMPLETED OPERATIONS (Clearly well is directionally drilled, give	TE	WATEB SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) (Note: Report results Completion or Recompletions) Plails and give performed dates	ALTERIN ABANDOS of multiple complet letion Report and Log	ion on Well g form.)
3. Ceme	• ND wellhead NU BO don open hole from 3 op of CIBP set a6 39 nt 5 1/2" - 8 5/8" a s @ 105'-133'. Open	985' to 4230 50'.	D 25 ex comont three	wah and a d	
101	circ. returns. Clos 2" string to form in	e annulur va	lve. Pump 25 ev mo	r valve to cl re cmt. down	ıeck
4. Cut (	casing string 3' bel	ow ground le	vel. Erect permane	nt abandonmer	nt marker.
					-
For furth B. I hereby certify that	ner technical informa the foregoing is true and correct	ation contact	t Henry David at 397	7-5894.	
SIGNED	Bikh W.W. Baker	TITLE Admin	istrative Supervisor	DATE July	22, 1989
APPROVED BY	al or State affice use)	FOR: CHICE H		£ -	15-89
	PROVAL, IF ANY :	III LE	• • • • · · · · · · · · · · · · ·		
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\*See Instructions on Reverse Side