

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. Oil  
P.O. Box 1900  
Hobbs, NM 88241

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993  
5. Lease Designation and Serial No.  
LC 058697B

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT -" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> INJECTION Other	8. Name of lease & well MCA Unit Well #194
2. Name of Operator CONOCO, INC.	9. API Well # 30 025 00687
3. Address and telephone no. 10 Desta Dr., Suite 100W, Midland, Texas 79705-4500, 915 686-5424 915 684-6381	10. Field and Pool, or Exploratory Area Maljamar Grayburg San Andres
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Surface: 1980' FSL & 1980' FEL Sec 25, T17S, R32E, Unit Ltr J TD: same as above	11. County or Parish, State Lea, NM

12. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> MIT
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

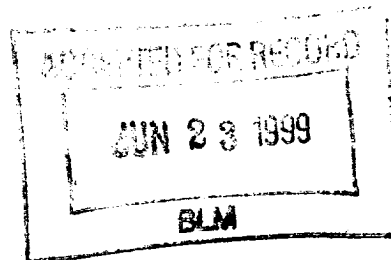
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)\*

4-27-99: MIRU, SION.

4-28-99: NUBOP, unset on/off tool, POOH w/tbg, found leak in on/off tool, hydro tested tubing in hole, did not set on/off tool - SION.

4-29-99: Set up, circulate packer fluid, set on/off tool, NDBOP, tested tbg to 500# for 15 min. tested OK.  
Chart attached for casing integrity test.



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

Signed

Title

Ann E. Ritchie  
REGULATORY AGENT

Date 6-9-99

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

JCS GWW