

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions
reverse side)

Budget Item No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-058697B

6. 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.)
At surface *1980/S + 660/W unit L*

14. PERMIT NO. *30-005-0069* 15. ELEVATIONS (Show whether DF, RT, CR, etc.)

7. UNIT AGREEMENT NAME

MCA Unit

8. FARM OR LEASE NAME

9. WELL NO.

#190

10. FIELD AND POOL OR WILDCAT

Malyamar G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 25, T12S, R32E

12. COUNTY OR PARISH 13. STATE

Lea NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Temporary Abandonment
(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.)*

9-15-89 Set RBP @ 3600' and tested csg. to 500 psi for 15 min. - held. Tap off csg w/ PKI fluid.

Chart attached.

RECEIVED
OCT 13 11 01 AM '89

ADVANCE FOR 12 MONTH PERIOD

ENDING 10/31/1990

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

SIGNED

W.W. Baker

TITLE

Adm. Supervisor

DATE

Oct 9, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

PETROLEUM ENGINEER

DATE

11-6-89

CONDITIONS OF APPROVAL, IF ANY:

*Subject to
Life Approval
by State*

*See Instructions on Reverse Side

