

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

Form approved.  
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME MCA Unit City 4
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME MCA
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 191
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit K 2615' FSL & 1345' FWL	10. FIELD AND POOL, OR WILDCAT MALJAMAR G-SA
14. PERMIT NO. 30-025-00693	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25-17S-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH Lea
	13. STATE 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 COMPLETION

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

! Shut off surface underflow

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(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.)\*

MIRU. Run tracer survey. Bradenhead sqz. the esq-esq annulus. Lead-in w/2bbls salt saturated brine. Pump 2bbl fresh water cushion. Pump 20 bbls Flow-Chek. Tail-in w/150 sxs class "H" cmt plus w/3% CaCl<sub>2</sub>. Displace cmt through wellhead w/fresh water. Return MCA No. 191 to production.

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

SIGNED

*Kevin L. Hoyle*

TITLE

Administrative Supervisor

DATE

9-6-85

(This space for Federal or State office use)

APPROVED BY

*Don Ward*

TITLE

DATE

10-17-85

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

OCT 21 1985

C.C.P. OFFICE  
HOBBBS OFFICE