

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEX.

5. LEASE DESIGNATION AND SERIAL NO.
88240 LC-058647(B)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
MCA
8. FARM OR LEASE NAME
MCA Unit
9. WELL NO.
128
10. FIELD AND POOL, OR WILDCAT
Maljamar 6/SA
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 25-17S-32E
12. COUNTY OR PARISH
Lea
13. STATE
NM

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 ☐
2. NAME OF OPERATOR
CONOCO INC.
3. ADDRESS OF OPERATOR
P. O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface Unit F
1345' FNL & 1345' FNL
14. PERMIT NO.
30-025-00694
15. ELEVATIONS (Show whether OF, RT, GR, etc.)

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Repair surface waterflow ☒
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 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.)*

- ① MIKU on 11/25/85, POOH w/ rods & pump
- ② TOF @ 4140', Clean out to 4150' (PBTD)
- ③ Set RBP @ 3755' & pkr @ 3725'. Test RBP to 1000 psi & held. POOH w/ pkr. shot 4 sqz holes @ 1120'. Set pkr @ 905'. Pumped 210 sxs class "H" cmt w/ 2% Cal₂. POOH w/ pkr. TOC @ 971', Drill to 1084'. Press. test sqz to 500 psi for 15 min & held.
- ④ Circ. sand off RBP & POOH. Ry down on 12/5/85
- ⑤ Test pumped 12BO, 3 BW, & 3 MCF on 1-2-86.

ACCEPTED FOR RECORD

Sho
MAR 12 1986

CARLSBAD, N.M. 88502

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

SIGNED *[Signature]* TITLE Administrative Supervisor DATE 3-5-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side