

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI  
(Other instructions  
reverse 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 Bty 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. 128
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit F	10. FIELD AND POOL, OR WILDCAT Malamar G-5A
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 1345' FNL & 1345' FWL	12. COUNTY OR PARISH Lea
14. PERMIT NO. 30-025-00694	13. STATE NM
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) ! Shut off surface waterflow <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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 csg-csg annulus. Lead in w/2 bbls salt saturated brine. Pump a 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 #128 to production.

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 9-6-85

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Ally DATE 10-17-85  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

BLM-Carlsbad(6) ARCO-MIDLAND(2) Cities-MIDLAND(1) Petro-Louis(1) File

RECEIVED

OCT 21 1985

OFFICE  
HONORARY