

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

LEASE DESIGNATION AND SERIAL NO.  
**LC-030437A**  
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.)  
**Unit H 1980' FNL & 660' FEL**

7. UNIT AGREEMENT NAME  
**MCA Unit Bty 1**  
8. FARM OR LEASE NAME

9. WELL NO.  
**141**  
10. FIELD AND POOL, OR WILDCAT  
**Maljamar G-SA**  
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

14. PERMIT NO.  
**30-025-00697**  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH  
**Lea**  
13. STATE  
**NM**

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐  
FRACTURE TREATMENT ☐  
SHOOTING OR ACIDIZING ☐  
(Other) ☒ **Casing Integrity Test**  
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.)

**A casing integrity test was run on this well 3-7-90 (see attached chart). This test was run in compliance with NMOC Rule 704.**

RECEIVED  
MAY 31 11 07 AM '90  
GARRISON  
AREA  
OFFICE

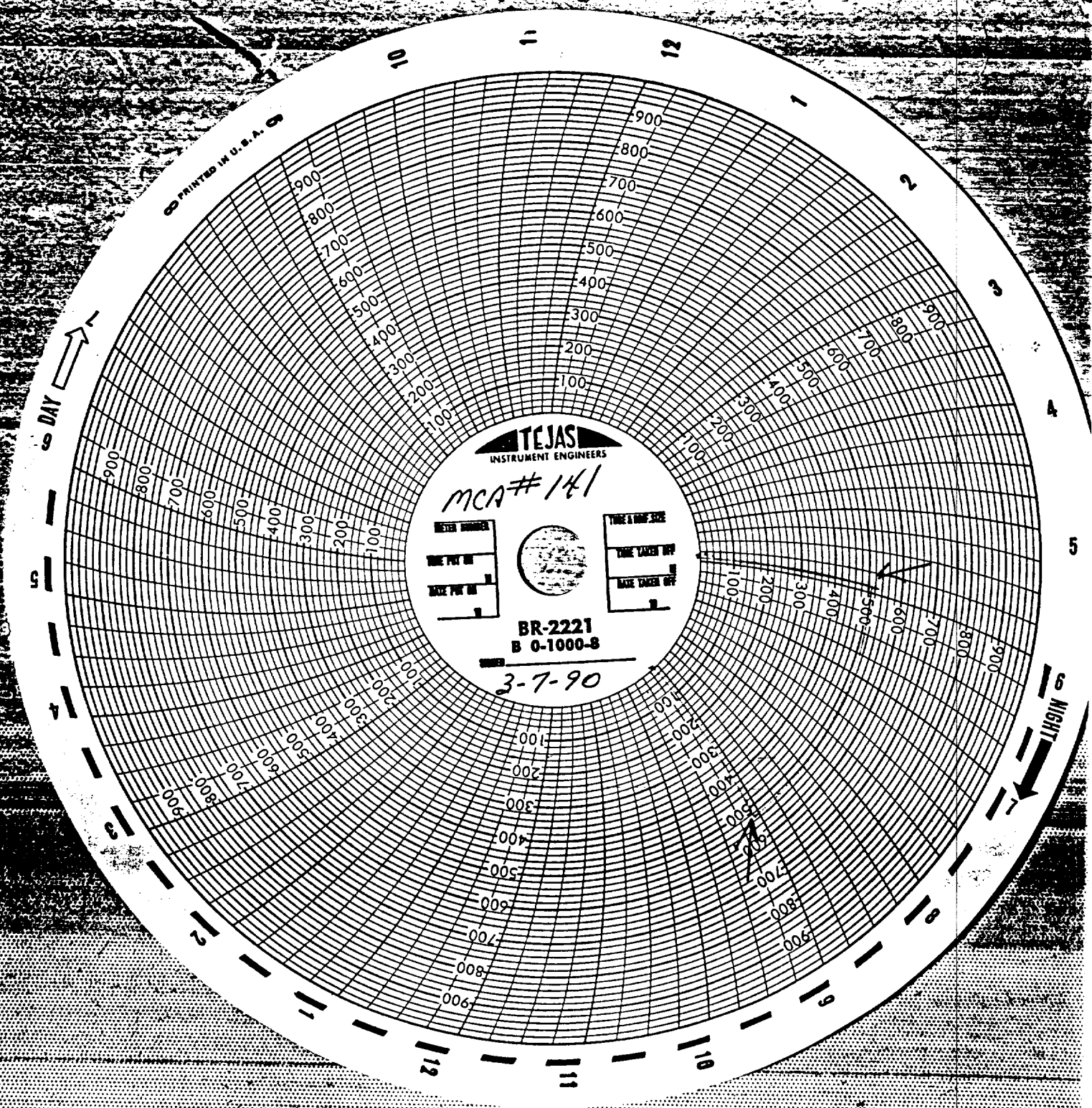
ACCEPTED FOR RECORD  
**AB**  
MAY 17 1990

18. I hereby certify that the foregoing is true and correct  
SIGNED **[Signature]** **H.A. Ingram** TITLE **Conservation Coordinator** DATE **5/22/90**  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

**(6)BLM (3)OCD**

\*See Instructions on Reverse Side (1)File



RECEIVED

JUN 11 1993

CC  
HOBBS