

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction,
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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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection	5. LEASE DESIGNATION AND SERIAL NO. LC 058408A
2. NAME OF OPERATOR Conoco Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 10 Desta Drive West, Midland, Texas 79705	7. UNIT AGREEMENT NAME MCA <i>Unit Bty 4</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL, 1980' FEL	8. FARM OR LEASE NAME
14. PERMIT NO.	9. WELL NO. 125
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3990' G.L.	10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg-San Andres
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-17S, R-32E
	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Run logs and shut-in <input checked="" 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.) *

It is proposed to perform the following work on this well:

- 1) Re-establish injection until the rate stabilizes
- 2) Run an injection profile
- 3) Run a casing inspection log to evaluate the condition of the casing
- 4) Set a retrievable bridge plug at 3600', circulate with packer fluid, and shut-in the well

When the results of this work has been evaluated and a procedure for the anticipated casing repair formulated, the well will be repaired and returned to injection.

Subject to
Like Approval
by State

RECEIVED
JUL 20 11 43 AM '90
CARLSBAD OFFICE
AREA HEADQUARTERS

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

SIGNED <i>James M. Hoover</i>	TITLE Regulatory Coordinator	DATE 7/18/90
(This space for Federal or State office use) Orig. Signed by Adam Salameh		
APPROVED BY	TITLE	DATE 7-25-90
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

RECEIVED

JUL 27 1990

MOBILE, ALA