

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
Other instruction
Reverse side

LEASE DESIGNATION AND SERIAL NO.
LC-058408A
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.)
At surface
Unit B 660/N + 1980/E

7. UNIT AGREEMENT NAME
MCA Unit Bty 4
8. FARM OR LEASE NAME
9. WELL NO.
#125
10. FIELD AND POOL, OR WILDCAT
Malpaso G-SA
11. SEC. T., E., M., OR BLK. AND
SURVEY OR AREA
26-175-32E
12. COUNTY OR PARISH
Lea
13. STATE
NM

14. PERMIT NO.
30-025-007
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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
4/16/90 (see attached chart). This test was run in
compliance with NMOC Rule 704.

ACCEPTED FOR RECORD

Adm

MAY 17 1990

RECEIVED
MAY 31 11 07 AM '90
CARLSBAD OFFICE
AREA MANAGERS

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

SIGNED H.A. Ingram

TITLE Conservation Coordinator

DATE 5/23/90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

(6)BLM (3)ocD

*See Instructions on Reverse Side (1)File

