

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other Injection

2. Name of Operator

CONOCO INC.

3. Address and Telephone No.

10 DESTA DRIVE, STE 100 W, MIDLAND, TX 79705 (915) 686-5494

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660 FSL & 660 FWL, letter M, Sect. 26, T17S, R32E

FORM 3160-5
Budget Number: 1004-0030
Expires: March 31, 1991

5. Lease Designation and Serial No.
LC-0586998

6. If Indian, Allotment or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and Locality
MCA Unit, No. 202

9. API Well No.
30-025-00707

10. Field and Pool, or Exploratory Area
Maljamar (G-SA)

11. County or Parish, State

Lea, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Repair Communications
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

13. 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.)

10-19-90 Circ pkr fluid. Started pump to tst csg. Rel Brown Seal Assembly Trip bit & scraper to tight spot in csg at 3153. W/H W/5 1/2" OTIS Interlock pkr w/on-off tool & 1.71 profile in on-off tool. Set pkr at 3151. Rel on-off tool. Circ pkr fluid. Tst csg to 500# for 30 min -HELD. RD.

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

Signed Christine L. Neff

Title ADMIN. ASSISTANT

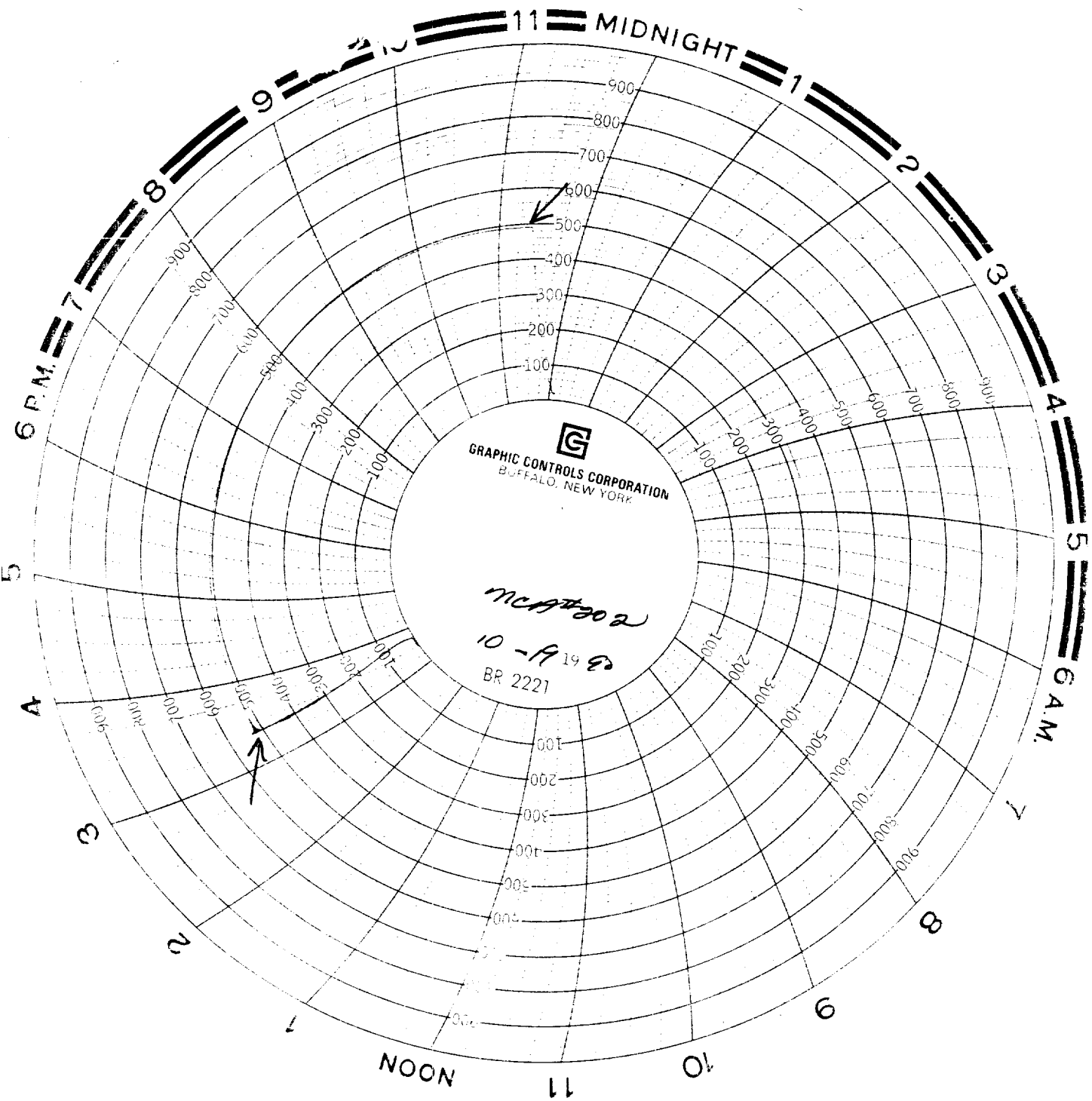
Date 8-7-91

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____



CONOCO INC. MCA

Well No. MCA #202 Date 10-19-90

Packer Depth 3154' T.P. 0

Reason For Repair Communications

The Test

Witness

[Signature]

OUT C
E
HON. OFFICE