

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
25 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Bureau Order No. 1004-0135
Expires: March 31, 1993

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC 057210
2. Name of Operator Conoco Inc	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) 660' FNL & 660' FEL, Sec. 27, T17S, R32E, A	8. Well Name and No. MCA Unit #122
	9. API Well No. 30-025-00716
	10. Field and Pool, or Exploratory Area Maljamar Grayburg/SA
	11. County or Parish, State Lea, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Returned to Pump from Flowing</u>	<input type="checkbox"/> Dispose Water

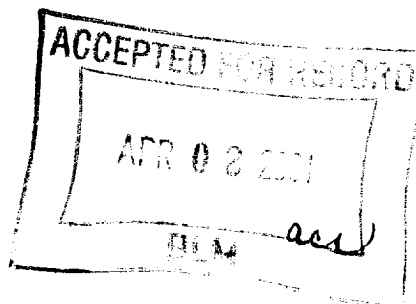
Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

3/12/01 MIRU, blow well down, NUBOP release packer and shut down.

3/13/01 NU ICO for tubing scan. 109 yellow, 6 blue, 105 pitting, 4 rod wear. Picked up tubing tagged for fill @ 4100' POOH w/tagged tubing, set SN @ 3820'. NDBOP, flanged up well, shut down.

3/14/01 Pick up pump, 1 K-bar and rods. RIH w/104 3/4" and 45 7/8" rods. NU wellhead, spaced out well, hung on, RDMO.



14. I hereby certify that the foregoing is true and correct
Signed Reesa Wilkes Title Regulatory Specialist Date 3/28/01
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval if any:

BLM(6), NMOC(1), SHEAR, PONCA, COST ASST, FIELD, FILE ROOM

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

RECEIVED
MAR 29 2001
BLM
ROSWELL, NM

