

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | 7. UNIT AGREEMENT NAME MCA |
| 2. NAME OF OPERATOR CONOCO INC. | 8. FARM OR LEASE NAME MCA Unit Bly 3 |
| 3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240 | 9. WELL NO. 146 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit 6 | 10. FIELD AND POOL, OR WILDCAT Maljamar G/SA |
| 14. PERMIT NO. 1980' FNL & 1980' FEL 30-025-00717 | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-17S, R-32E |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH Lca |
| | 13. STATE NM |

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|---|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input checked="" type="checkbox"/> cmt sqz and stimulate | |

(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.) *

- ① MIRU on 2/19/85, Set RBP @ 3450' & pkr @ 3435'. Found leaky csq @ 332'-354' & 710'-892'.
- ② Set RBP @ 2500' and spot 2sxs sand on top. Set cmt retainer @ 671' Pmpd 200 sxs class "H" cmt w/ 3% CaCl₂. Circ. Clean. Shot 2 holes @ 360'. Set pkr @ 264'. Pmpd 200 sxs class "H" cmt w/ 3% CaCl₂ and dis place w/ 2 1/2 bbls fresh wtr.
- ③ TOC @ 300'. DO to 390'. Test sqz to 500 psi for 15 min and held. Drill through cmt retainer @ 10' below 681'. DO cmt from 681' to 832'.
- ④ Reset pkr @ 672'. Press. test to 500 psi for 15 min, leaked off to 75 psi. Released pkr. Set RBP @ 414'. Spot 2 sxs sand on top. Shot 2 holes @ 340'. Set pkr @ 280'. Pumped 150 sxs class "H" cmt w/ 3% CaCl₂.
- ⑤ TOC @ 310'. DO cmt to 400' & fell thru. Test sqz to 800 psi for 15 min. & held. CO to 3897'. Place on production. Test pmpd 39 BO & 249 BW on 3/22/85.

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 10-4-85

(This space for Federal or State office use)

APPROVED BY [Signature] FOR RECORD TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 11 1985

*See Instructions on Reverse Side