

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. BOX 1980
HOBBS, N.M. 88240

SUBMIT IN TRIPlicate
(Other instructions on re-
mission)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS 88240

(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 #1/2
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 148
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit E	10. FIELD AND POOL, OR WILDCAT Malsamar G/SA
14. PERMIT NO. 1980' FNL & 660' FWL 30-025-00722	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 Lea
	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)			

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 sag 2 csg leak		

(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 8/20/85. TOF @ 3612'. Drill through series of bridges to 4102'
- ② TOF @ 4100'. Drill out to TD 4140. Jet wash 3612'-3929'.
- ③ TOF @ 3931'. C.O. & jet wash to 3974'. C.O. & jet wash 3830'-4140'
- ④ Found csg leak between 80'-411'. Found bag csg between 65'-106'. Spot 25x5 sand on RBP @ 500'
- ⑤ Set cmt ret @ 65'. Pumped in 200 sxs class "H" cmt w/ 2% CaCl₂. TOC @ 45'. drill 20' to ret. started drlg @ 65'. made 12' to 77'. DO 8' to 85'.
- ⑥ Pumped 5 bbls fresh wtr pad. pmpd 12 bbls Flo-check. Pmpd 300 sxs class "C" cmt w/ 3% CaCl₂. Pmpd 50 sxs of 50/50 mixture class "C" cmt & Cal-Seal. Displaced cmt w/ 1.5 bbls fresh wtr.
- ⑦ TOC @ 6'. Drill 2' green cmt. DO to 110'. Fell through. Press. Up to 500 psi. Press. bled off.
- ⑧ Pump 5 bbls 10% CaCl₂. pmpd 1 bbl fresh wtr pad, pmpd 20 bbls Flo-check, (cont. on next pg)

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

SIGNED Kevin H. Lutz TITLE Administrative Supervisor DATE 10-3-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:
SWB

OCT 21 1985

*See Instructions on Reverse Side

RECEIVED

OCT 22 1985

C.C.D. OFFICE
HOBBS

(cont. from preceding pg)

pmpd $\frac{1}{2}$ bbl diesel, pmpd 150 sxs Thix-o-tropic Class "H" w/ 2% CaCl_2 w/ 10 # sx cal-Seal, pmpd 18 sxs Class "C" w/ 3% CaCl_2 . Displaced cmt w/ $\frac{1}{2}$ bbl fresh wtr.

- ⑨ TOC @ 20'; drill 30' green cmt to 50'
- ⑩ Tag cmt @ 50'; drill 60' cmt to 110' and fell through. Press. test to 500 psi. Held OK w/ ret. head and circ. sand off RBP.
- ⑪ W/H w/ prod. equip and rig down on 9/18/85.