

UNITED STATES OF AMERICA  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO  
83240

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. 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 Maljamar G/SA
14. PERMIT NO. 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, ST, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	Cmt sqz csg leak		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETION	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input checked="" type="checkbox"/>		

(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 bad csg between 65'-106'. Spot 2sxs sand on RBP @ 500'
- ⑤ Set cmt ret. @ 65'. pumped in 200 sxs class "H" cmt w/2% CaCl<sub>2</sub>. TOC @ 45', drill 20' to ret. Started drlg @ 65' made 12' to 77'. DO 8' to 85'.
- ⑥ Pumped 5 bbls fresh wtr pad. Pumped 12 bbls flo-check. Pumped 300sxs class "C" cmt w/3% CaCl<sub>2</sub>. Pumped 50 sxs of 50/50 mixture of class "C" cmt & Cal-sea. Displaced Cmt w/ 1.5 bbls fresh wtr
- ⑦ TOC @ 6'; Drill 2' green cmt; DO to 110'. Fell through. Press up to 500 ps. press. bled off.
- ⑧ Pump 5 bbls 10% CaCl<sub>2</sub>. pmp 1 bbl fresh wtr pad. pmp 20 bbls flo-check (cont. on next pg.)

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

SIGNED Kevin C. Vogel TITLE Administrative Supervisor DATE 10-3-85

(This space for Federal or State office use)

APPROVED BY Don Work TITLE Acting DATE 10-17-85

CONDITIONS OF APPROVAL, IF ANY: cf

\*See Instructions on Reverse Side

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OCT 18 1985  
O.S.M.  
HOBBS OFFICE

(cont. from preceding pg.)

pmpd  $\frac{1}{2}$  bbl diesel, pmpd 150 sxs Thix-o-tropic class "H" w/ 2%  $\text{CaCl}_2$  w/ 10" sx Cal-seal, pmpd 18 sxs class "C" w/ 3%  $\text{CaCl}_2$ . Dis place cmt w/  $\frac{1}{2}$  bbl fresh wtr.

- ⑨ TOC @ 20', drill 30' of green cmt to 50'
- ⑩ Tag cmt @ 50', drill 60' cmt to 110' and fell through. Press. test to 500 psi. Held OK. With w/ ret. head and circ. sand off RBP.
- ⑪ With w/ prod. equipment and rig down on 9/18/85.
- ⑫ Verbal approval to cmt shallows holes given by Bob Pitscke on 8/29/85.

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OCT 18 1985  
D.C. R.  
HOBBS OFFICE