

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Budget Bureau No. 1004-0125
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER | | 5. LEASE DESIGNATION AND SERIAL NO. |
| 2. NAME OF OPERATOR Conoco Inc. | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240 | | 7. UNIT AGREEMENT NAME MCA Unit |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface See Item #17 below | | 8. FARM OR LEASE NAME |
| 14. PERMIT NO. | | 9. WELL NO. |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | | 10. FIELD AND POOL, OR WILDCAT Maljamar G-SA |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| | | 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 PLANE <input type="checkbox"/> |
| (Other) "Puddle Pack" <input checked="" 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 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.) *

"Puddle Pack" operations will be performed on the following injection wells beginning September 30, 1989.

1. MCA UNIT #119; LC-05721; Sec. 27, T17S, R32E; 660' FNL & 660' FWL
2. MCA UNIT #146; LC-05721; Sec. 27, T17S, R32E; 1980' FNL & 1980' FEL
3. MCA UNIT #147; LC-05721; Sec. 27, T17S, R32E; 1980' FNL & 1980' FWL
4. MCA UNIT #180; LC-05721; Sec. 27, T17S, R32E; 1980' FSL & 660' FWL
5. ~~MCA UNIT #204; LC-05721; Sec. 27, T17S, R32E; 1980' FNL & 1980' FWL~~

RECEIVED

For further technical information please contact Barry Schneider at 397-5893.

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

SIGNED W.W. Baker W.W. Baker TITLE Administrative Supervisor DATE July 11, 1989

(This space for Federal or State office use)

APPROVED BY [Signature] FOR: CHIEF, BLM DATE 7-31-89

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side