

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NEW MEXICO  
RECEIVED

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<br><i>MCA Unit</i>                             |
| 2. NAME OF OPERATOR<br>Conoco Inc.                                                                                                                                                          |                                                | 8. FARM OR LEASE NAME<br><i>MCA Unit Bly 3</i>                        |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 460 - Hobbs, New Mexico 88240                                                                                                                            |                                                | 9. WELL NO.<br><i>181</i>                                             |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><i>1980' FSL &amp; 1980' FWL - Unit Letter K</i> |                                                | 10. FIELD AND POOL, OR WILDCAT<br><i>Maljamar G-SA</i>                |
| 14. PERMIT NO.<br><i>30-025-00724</i>                                                                                                                                                       | 15. ELEVATIONS (Show whether DP, RT, GR, etc.) | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><i>27-17S-32E</i> |
|                                                                                                                                                                                             |                                                | 12. COUNTY OR PARISH<br><i>Lea</i>                                    |
|                                                                                                                                                                                             |                                                | 13. STATE<br><i>NM</i>                                                |

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"/> |                      | <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 checked="" type="checkbox"/> |
| (Other) <i>Deepen/Convert to Acid Hole</i> | <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 and 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.)

Work started on 8/11/88. Clean out open hole to 4094'. Spot 35 bbls 15% HCL-NE-FE over open hole interval. Soak 1 hr & circ out w/671 BTFW. Resin pack OH w/62 bbls. Wait on resin. Drill out resin & deepen to 4175'. Underreamed from 3815' - 3850' & from 4094' - 4181'. Ran 20 jts 4 1/2" 10.5" flush jt csg. Cemented w/155 sx. WOC. Dress off liner top. Ran 72 jts 4 1/2" 10.5" K-55 csg to surface. Cement w/100 sx. Drill out, ran CBH. Perf lower 7th w/2 jsp F at 4113' - 4150'. Acidize w/20 bbls HCL. Frac w/60 bbls pad, 20 bbls gelled fluid & 19,320# 16-30 sand. Perf 6th & upper 7th w/1 jsp F at 3898' - 3995', 3996' - 4085'. Acidize w/36 bbls 15% HCL-NE-FE. Swab back & run producing equipment. Work completed on 9/22/88

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

BY *[Signature]* D F FINNEY

TITLE *Administrative Supervisor*

DATE *November 14, 1988*

FOR OFFICIAL USE ONLY (For Bureau or State office use)

APPROVALS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD

NOV 23 1988

\*See instructions on Reverse Side

SJS

CARLSBAD, NEW MEXICO