

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE MANNER
OTHER INSTRUCTIONS ON REVERSE SIDE

LEASE DESIGNATION AND SERIAL NO.
LC-057210
IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☐ OTHER ☒ Injection	7. UNIT AGREEMENT NAME MCA Unit Bly 3
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240	9. WELL NO. #119
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter D 660/N+W	10. FIELD AND POOL, OR WILDCAT Maljamar G-SA
14. PERMIT NO. 30-025-00726	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T17S, R32E
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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Notified BLM + OCD prior to R.U.

**8-2489 Come out of hole w/ bkg. 61H w/RBP + PKR. RBP @ 3420' PKR @ 3390'.
Hole in csg. 879'-911'. Cement squeeze csg w/6.5 AX. D.O. Squeeze + C.O.H.
Start taking Kick. Increased mud weight. Well kept kicking.
Shut-in well on blind RAMS. Changed out BOP and R.U. scrubbing
unit. WIH w/liner. BOL @ 4062'; TOL @ 3235'. Pump 400 AX 50-50
poz cmt. D.O. cement. Perf. 7th - 1 JSPF - 4039'-3845'.
Set pkr. @ 3759'. Blew down CO₂ from csg. Load + test csg to
2000#. Circ. pkr. fluid. Return to injection.**

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

SIGNED **[Signature]** **H.A. Ingram** TITLE **Conservation Coordinator** DATE **2/9/90**
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

[Signature] DATE

FEB 16 1990

*See Instructions on Reverse Side

CARLSON, MD, 4400