

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIE
(Other instruction
reverse side)

DATE

RECEIVED
BUREAU OF LAND MANAGEMENT
August 11, 1983

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

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460 - Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit letter N 660/8 + 1980/w

14. PERMIT NO.

30-025-00727

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

MCA Unit Bty 3

8. FARM OR LEASE NAME

9. WELL NO.

205

10. FIELD AND POOL, OR WILDCAT

Malpamar G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 27, T17S, R32E

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 COMPLETION

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.)

Located casing leak. Set CIBP @ 3950'. Spot 1 x 1 cmt. on CIBP. Cement squeeze csg. leak (3870-3900). Drill out cmt. & CIBP. Run CBL from 4173'-3100'. Set pki. @ 3952'. Run thg. Circ. pki. fluid. Set 4" interlock @ 3793'. Test csg. to 1800#. See attached chart.

ACCEPTED FOR RECORD

Abr

FEB 16 1990

CARLSBAD, NEW MEXICO

RECEIVED

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

SIGNED

W.W. Baker

W.W. Baker

TITLE

Adm. Supervisor

DATE

2-8-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

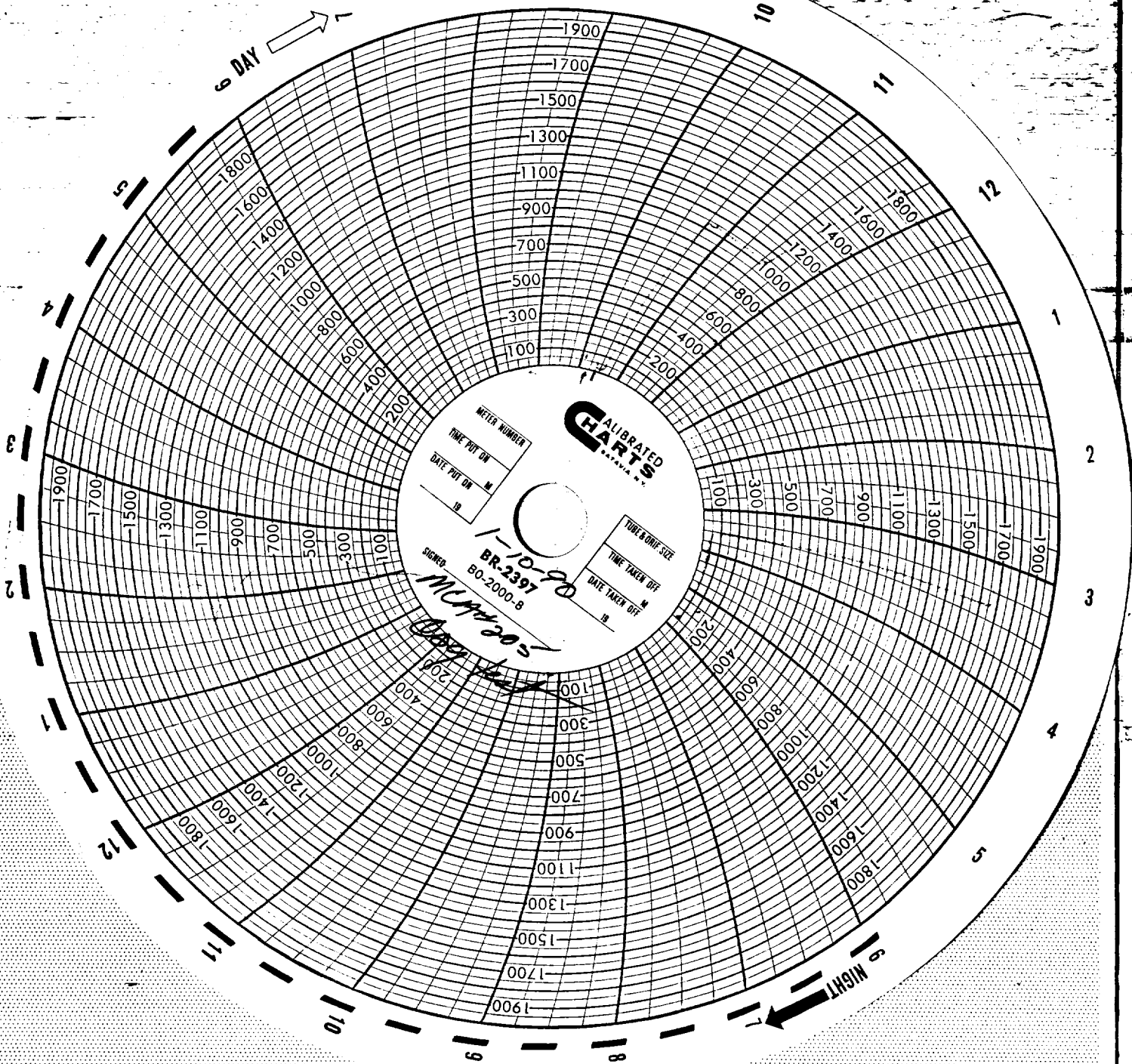
DATE

*See Instructions on Reverse Side

FEB 1

6

PRINTED IN U.S.A.



RECEIVED

FEB 19 1907

10002