

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Budget Bureau No. 1004-01  
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 <input type="checkbox"/>	7. UNIT AGREEMENT NAME MCA Unit
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.
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	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	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANE

(Other)

"Puddle Pack"

XX

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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; 660' FNL & 660' FWL~~
5. MCA UNIT #204; LC-05721; Sec. 27, T17S, R32E; 660' FSL & 1980' FEL

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]  
CONDITIONS OF APPROVAL, IF ANY

FOR: CHIEF, OFFICE

DATE 7-31-89

\*See Instructions on Reverse Side