

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P.O. Box 1000

SUBMIT IN TRIPLICATE
(Other Instructions)

Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-057210

6. 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 ☐

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

12951 S + 26151 E

Unit letter O

7. UNIT AGREEMENT NAME

MCA Unit Bty 3

8. FARM OR LEASE NAME

9. WELL NO.

#183

10. FIELD AND POOL OR WILDCAT

Mali (G-SA)

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

Sec. 27, T17S-R32E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

14. PERMIT NO.

30-025-0073

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

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☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

REPAIRING WELL

☐
☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Cased Hole Stimulation

(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.)*

9/27/89 Clean-out to 4205' Frac the MGSA w/42,625# of 16/30 sand.
Flush w/27 Bbl TFW. Swab. Cleanout frac sand.
Run prod. equip.

RECEIVED
NOV 16 10 00 AM '89

Adm

CHIEF OF BUREAU

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

SIGNED

Mike Zimmerman W. W. Baker

TITLE

Adm. Supervisor

DATE

11-13-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.