

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC 057210
2. Name of Operator Conoco Inc	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) 660' FNL & 660' FWL, Sec. 28, T17S, R32E, D	8. Well Name and No. MCA Unit #114
	9. API Well No. 30-025-00733
	10. Field and Pool, or Exploratory Area Maljamar/Grayburg SA
	11. County or Parish, State Lea, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Convert to Producer	<input type="checkbox"/> Dispose Water

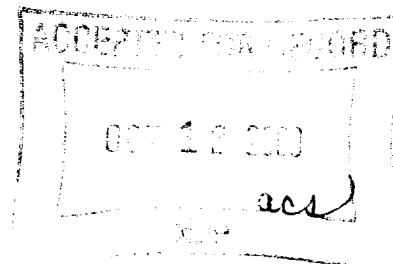
Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

NOTE: Found injection to be communicating with annulus due to tubing or packer leak. While in hole, decided to convert.

1. POOH w/tubing and packer. Found packer parted.
2. Fished for and recovered rest of packer.
3. Re-ran tubing with new packer.
4. Well kicked off and began flowing oil and water.
5. Tested well at 15 BOPD and 339 BWPD with 150# FTP.
6. Placed well on production.

effective 9/1/2000



14. I hereby certify that the foregoing is true and correct		
Signed <u>Reesa Wilkes</u>	Title <u>Sr. Staff Regulatory Assistant</u>	Date <u>9/25/00</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval if any: _____		

BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE ROOM, FIELD

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.

GWW

*See Instruction on Reverse Side