

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other. INJECTION | 5. Lease Designation and Serial No. LC 0572100 |
| 2. Name of Operator Conoco Inc. | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. 10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424 | 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, T-17S, R-32E, UNIT LTR 'D' | 8. Well Name and No. <i>Atty</i> MCA UNIT #114 |
| | 9. API Well No. 30-025-00733 |
| | 10. Field and Pool, or Exploratory Area MALJAMAR (G-SA) |
| | 11. County or Parish, State LEA, NM |

12. 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 checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other REPAIR COMMUNICATIONS |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

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.)*

2-27-92 MIRU. RELEASE ON/OFF TOOL - POH W/ INJECTION TBG. GIH W/ 4" TREATING PKR SET AT 3662'. TSTD PLUG TO 2000# BLEED OFF. GIH W/ RBP SET # 3700'. GIH W/ TREATING PKR SET @ 3157'. SQUEEZE W/ 100 SX CLASS H CMT. TAG TOP @ 3400'. RELEASE RBP - POOH. GIH W/ INJ. PACKER SET @ 3700' AND PROD. TBG. TEST CSG TO 500# FOR 30 MIN - HELD. RDMO
RETURN WELL TO INJECTION

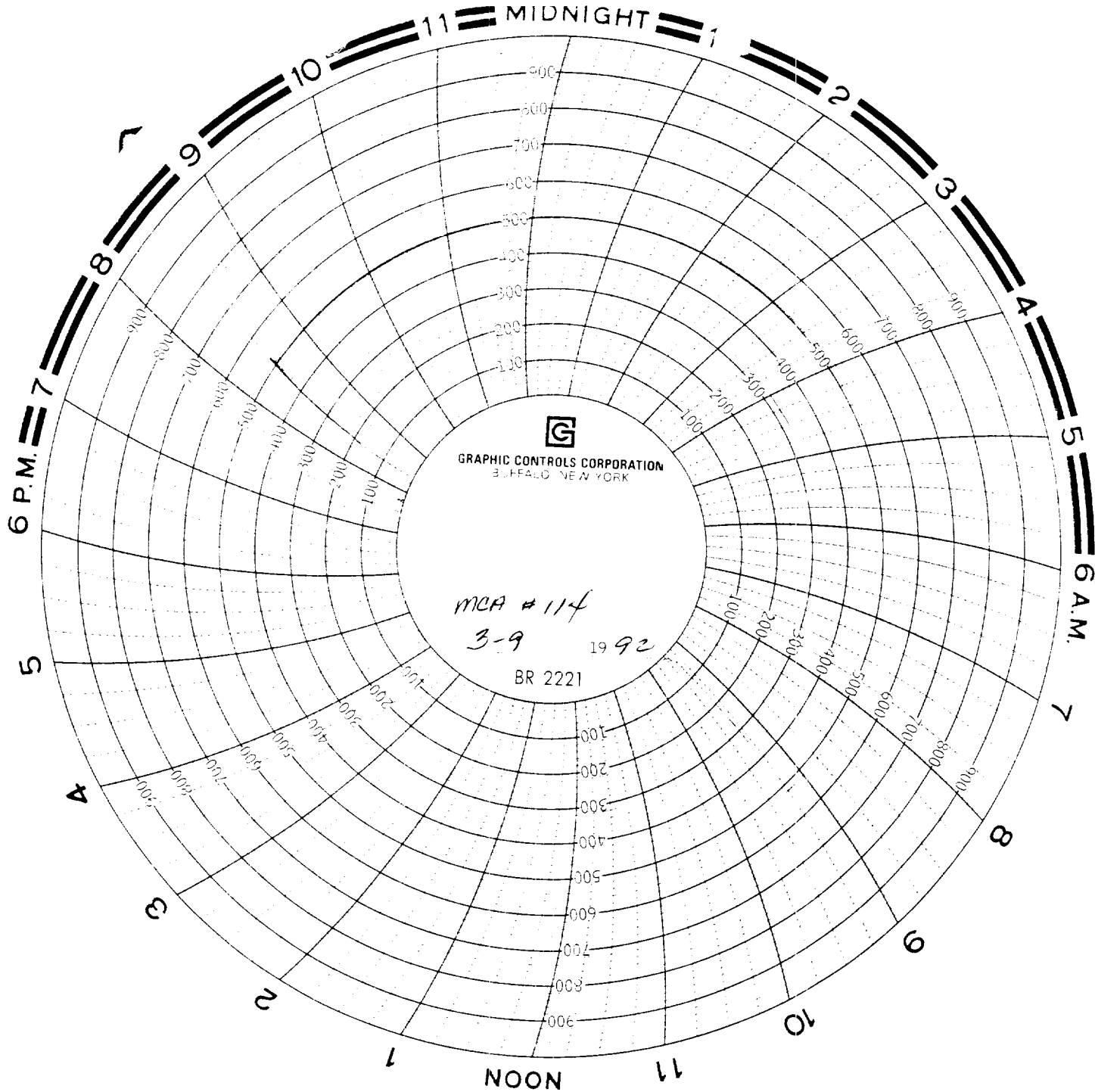
14. I hereby certify that the foregoing is true and correct

Signed *David R. Glass* Title SR. REGULATORY SPEC. Date 5-28-92

(This space for Federal or State official use)

Approved by *David R. Glass* Title Date

Conditions of approval, if any;



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Conoco Inc.

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5. Lease Designation and Serial No.

LC 0572100

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MALJAMAR (G-SA)

11. County or Parish, State

LEA, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other HYDRO TEST-TBG.

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ 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.)*

3-16-92 MIRU. RELEASE ON-OFF TOOL.
CIRC PKR FLUID. TEST TO 500# FOR 30 MIN. - HELD.
RDMO
RETURN WELL TO INJECTION.

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

Signed *David R. Glass*

Title SR. REGULATORY SPEC.

Date 5-28-92

(This space for Federal or State office use)

Approved by *David R. Glass*

Title

Date

Conditions of approval, if any:

