

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE DATE
Other instructions on the
reverse side

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 ☒ <u>CO₂ injector</u>	7. UNIT AGREEMENT NAME <u>MCA Unit Sec 2</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, NM 88240</u>	9. WELL NO. <u>#150</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Unit letter H 100°W + 66°E</u>	10. FIELD AND POOL, OR WILDCAT <u>Maljamar G-SA</u>
14. PERMIT NO. <u>30-025-0074</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 28, T-17S, R-30E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <u>Dea</u>
	13. STATE <u>NM</u>

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 PLANS ☐
(Other) ☐	

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.)

Kill well - Set RBP@ 4040. Circ. hole w/14 ppg mud.
Spot 3 Bbl 15% HCl-NE-FE across perfs. Pressure up to 2200#.
Displace w/10 ppg brine. Perf. the M6SA 7th w/2 J SPF 3980 to 4008 (56 holes). Continue perfing 3922-3935 + 3904-3911 (44 perfs).
Spot 5 bbl 15% HCl-NE-FE acid across 7th zone perfs.
Set pk @ 3875'. Acidize w/40 Bbl 15% HCl-NE-FE.
Perf. M6SA 6th w/2 J SPF 3822-59, 3801-21:42 shots, 3781-3801# 40 shots, 3771 to 3781:20 shots. Acidize w/40 Bbls 15% HCl-NE-FE.
Circ. w/pk fluid, Test csg. to 2000#. See attached chart
Return to injection.

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

SIGNED W.W. Baker W.W. Baker

TITLE Adm. Supervisor

DATE 2/9/90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 2-16-90

*See Instructions on Reverse Side

PRINTED IN U.S.A.

*Test Copter Line 200
to 500 PSE
for 15 minutes*

TEJAS
INSTRUMENT ENGINEERS

MCA #150

METER NUMBER
TIME PUT ON
DATE PUT ON



TUBE & DISC SIZE
TIME TAKEN OFF
DATE TAKEN OFF

BR-2221
B 0-1000-8

1-23-90

DAY

NIGHT