

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instruction  
verse side)

ATE\*

Budget Bureau No. 1004-0135  
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 checked="" type="checkbox"/> <u>Eng. temp. shut-in</u> | 7. UNIT AGREEMENT NAME<br><u>MCA</u>                                         |
| 2. NAME OF OPERATOR<br><u>CONOCO INC.</u>                                                                                                  | 8. FARM OR LEASE NAME<br><u>MCA Unit</u>                                     |
| 3. ADDRESS OF OPERATOR<br><u>P.O. Box 460, Hobbs, N.M. 88240</u>                                                                           | 9. WELL NO.<br><u>150</u>                                                    |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br><u>Unit H</u> | 10. FIELD AND POOL, OR WILDCAT<br><u>Mabamar G/SA</u>                        |
| 14. PERMIT NO.<br><u>1980' FNL &amp; 660' FEL</u><br><u>30-025-00740</u>                                                                   | 11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA<br><u>Sec. 28-175-32E</u> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                                                                             | 12. COUNTY OR PARISH<br><u>Lea</u>                                           |
|                                                                                                                                            | 13. STATE<br><u>NM</u>                                                       |

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) Run free point & temp. abandon ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.) \*

- ① MURV. POOH w/ tbg & pkr. Scrape csg to 3600'. Set RBP @ 3600'. Spot 15x sand on top.
- ② Attach 1-7/16" free point tool & CCL to rope socket on wireline. Lower free point w/ wireline tool & repeat 2 times to confirm free point & to check for movement. Rel spear & POOH. POOH w/ free point tool.
- ③ Circ. 57 bbls pkr fluid. hand 2 3/8" tbg sub in slips. Rig down.

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

SIGNED

TITLE

Administrative Supervisor

DATE

11-18-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

11-24-86

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side