

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
reverse side)

DATE
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Approved
Budget Bureau No. 1004-0115
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-029410A

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 ☒ Injection

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

1980' FNL & 660' FEL

Unit 74

14. PERMIT NO.

30-025-00753

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3984' TD

7. UNIT AGREEMENT NAME

MCA Unit #2

8. FARM OR LEASE NAME

9. WELL NO.

154

10. FIELD AND POOL, OR WILDCAT

Majamar G-5A

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

Sec. 29, T. 17S, R. 32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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)

Clean Out & Stimulate

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.)*

Cleanout F.G. liner w/coiled tbg. to TD @ 4057' while circulating w/2% KCL/fresh water. Return well to CO₂ injection.

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

SIGNED

HA Ingram

TITLE

Conservation Coordinator

DATE

2-19-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side