

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction on reverse side)

12-10000-100-1
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

14. PERMIT NO.

30-025-00753

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

3984'

7. UNIT AGREEMENT NAME

MCA Unit Bly 2

8. FARM OR LEASE NAME

9. WELL NO.

#154

10. FIELD AND POOL, OR WILDCAT

Maljamar G-SA

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

Sec 29 T17S R32E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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)

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.)*

Cleanout fiberglass liner by running coiled 1" tubing to 4057' while circ. 2% KCl/fresh water. Then, selectively Stimulate the Grayburg 6th & San Andres 7th and 9th zones using 60 Bbls of 15% NE-FE HCl. Return well to CO₂ injection.

RECEIVED
SEP 21 11 57 AM '89
CARLISLE OFFICE
AREA HEADQUARTERS

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

SIGNED W.W. Baker W.W. Baker TITLE Administrative Supervisor DATE Sept. 19, 1989

(This space for Federal or State office use)

APPROVED BY Adem Samad TITLE Supervisor DATE 9/28/89
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side