Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES N. M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

RECEIVED
Nov 23 11 11 AM '88
CARLSBAD, NEW MEXICO AREA

Form approved.
Budget Bureau No. 1004-0135
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 Well
7. UNIT AGREEMENT NAME: MCA Unit
2. NAME OF OPERATOR: Conoco Inc.
8. FARM OR LEASE NAME: MCA Unit Sly. 2
3. ADDRESS OF OPERATOR: P.O. Box 460 - Hobbs, New Mexico 88240
9. WELL NO.: 154
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 Letter H
10. FIELD AND POOL, OR WILDCAT: Maljamar G-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 29-17S-32E
14. PERMIT NO.: 30-025-00753
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
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:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☒	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			☐
(Other) CO3 Stage 1				(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) POOH w/ injection equipment
2) GIH w/ latch stinger & seal assembly
3) Acidize using 69 bbls 15% HCL-FE & 169 gals Checker Sol. Pump 11 bbls acid-solvent mix. Latch into pkr & pump 14 bbls mix. Divert w/ 100# rocksalt mixed in 100 gals gelled 10# brine. Pump 15 bbls acid mix & divert w/ 200# salt mixed in 3 bbls gelled brine. Pump 15 bbls acid mix & divert w/ 250# salt mixed in 3.5 bbls gelled brine. Pump 18 bbls acid mix & flush w/ 45 bbls filtered injection water, SI for 2 hrs. Flow back load.
4) POOH. Run injection equipment.
5) Return to injection

For further information contact Pete Boland 397-5894.

18. I hereby certify that the foregoing is true and correct
SIGNED Nadine Simpson TITLE Administrative Supervisor DATE November 21, 1988

(This space for Federal or State office use)
APPROVED BY _____ TITLE _____ DATE 12-13-88
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side