

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
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 depth.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR CONOCO INC.
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface Unit K
1980' FSL & 1980' FWL
14. PERMIT NO. 30-025-00754
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

5. LEASE DESIGNATION AND SERIAL NO. LC-029410(8)A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME MCA
8. FARM OR LEASE NAME MCA Unit Btry 2
9. WELL NO. 170
10. FIELD AND POOL, OR WILDCAT Maljamar G-SA
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 29-17S-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
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETE
ABANDON*
CHANGE PLANS

Shut off surf waterflow

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 MIRU

② Rig up pump to bradenhead valve

③ Run tracer survey

④ Braden head sqz the csg-csg annulus as follows:

a. Lead-in w/ 2bbls salt saturated brine

b. Pmp 2bbl fresh wtr cushion

c. Pmp 20bbls Flo-Chek

d. Tail-in w/ 100 sxs class "H" cmt

⑤ Displace cmt through wellhead w/ fresh wtr

⑥ shut in bradenhead valve & install pop-off valve set @ 800psi

⑦ Return well to prod.

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

SIGNED

TITLE Administrative Supervisor

DATE 11-15-85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 11-22-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

NOV 25 1985

O.C.B.
HOSES OFFICE