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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

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 CO_2 Injector

7. UNIT AGREEMENT NAME
MCA UNIT Bty 2

2. NAME OF OPERATOR
CONOCO INC.

8. FARM OR LEASE NAME

3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs, NM 88240

9. WELL NO.
#169

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980/S & 660/W
Unit letter L

10. FIELD AND POOL, OR WILDCAT
Maljamar G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 29 T17S R32E

14. PERMIT NO.
30-025-00755

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)			

(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.)*

It is proposed to modify the profile on this well as follows:

1. Kill well w/weighted fluid 2. Shut off a thin layer in the Grayburg 6th zone with a phenolic gel. 3. Pump scale converter in the L. San Andres 7th and San Andres 9th zones. 4. Run inj. equip 5. Acidize 6. Return to injection.

RECEIVED
MAR 22 10 59 AM '90

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

SIGNED H.A. Ingram TITLE Conservation Coordinator DATE 3-20-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 3-21-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.