	·	•	FORM APPROVED
n 3 1 <b>6</b> 0 — 5	UNITED STATE		Budget Bureau No. 1004-0135
		OF THE INTERIOR	
		AND MANAGEMENT	Expires: March 31, 1993 5. Lease Designation and Serial No.
			LC 029410A
SUNDRY NOTICES AND REPORTS ON WELLS			6. If Indian, Allottee or Tribe Name
		en or reentry to a different reservoir.	
not use this form for p	ON FOR PERMIT " for a	uch proposals	
USE AFFLICATI	SUBMIT IN 1		7. If Unit or CA, Agreement Designation
ype of Well			
	1 Tippli	Co.	B. Well Name and No.
Qui to the Injection			
			MCA UNIT #213
CONOCO INC. 3. Address and Telephone No. 10 DESTA DR. STE 100W, MIDLAND, TX. 79705 (915) 686 - 5424 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SURFACE: 660' FSL & 1980' FWL, SEC. 29, T 17S, R 32E, UNIT LTR 'N' TD:			
			10. Field and Pool, or Exploratory Area
			Maljamar Grayburg SA
			11. County or Parish, State
			LEA, NM.
CHECK APPROP	RIATE BOX(S) TO IND	ICATE NATURE OF NOTICE, REPO	ORT, OR OTHER DATA
TYPE OF SUB	MISSION	TYPE OF AC	TION
Notice of Inter		Abandonment	Change of Plans
	n	Recompletion	New Construction
X Subsequent Repo	lenort	Plugging Back	Non-Routine Fracturing
		Casing Repair	Water Shut-Off
	nment Notice	Altering Casing	Conversion to Injection
Final Abandor	nment Notice	Attering Casing	Conversion to Injection
Describe Proposed or Complet directionally drilled, give su 3-20-95 MIRU.	ed Operations (Clearly state all perifin ibsurface locations and measured and POOH W/ TBG. GIH W/ UID, TEST CSG FOR 30	X Other REPAIR TBG LEAK nent details, and give pertinent dates, including estimated d true vertical depths for all markers and zones pertinent to 1 NEW JT TBG. MIN, CUT CHART, ATTACHED.	(Nob: Report results of multiple completion on Well (Nob: Report results of multiple completion on Well Completion of Recompletion Report and Lag form.) I date of startling any proposed work. If well is
Describe Proposed or Complete directionally drilled, give su 3-20-95 MIRU.	ed Operations (Clearly state all perilin ibsurface locations and measured and POOH W/ TBG. GIH W/	X Other REPAIR TBG LEAK nent details, and give pertinent dates, including estimated d true vertical depths for all markers and zones pertinent to 1 NEW JT TBG. MIN, CUT CHART, ATTACHED.	(Nob: Report results of multiple completion on Well (Nob: Report results of multiple completion on Well Completion of Recompletion Report and Lag form.) I date of startling any proposed work. If well is
Describe Proposed or Complete directionally drilled, give su 3-20-95 MIRU. CIRC PACKER FLI 3-21-95 RDMO.     4. Thereby certify that the forego Signet Complete (This space for Federal or State Approved by	ing is true and correct	X Other REPAIR TBG LEAK nent details, and give pertinent dates, including estimated d true vertical depths for all markers and zones pertinent to 1 NEW JT TBG. MIN, CUT CHART, ATTACHED.	(Nob: Report results of multiple completion on Well (Nob: Report results of multiple completion on Well Completion of Recompletion Report and Lag form.) I date of startling any proposed work. If well is
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Describe Proposed or Complete directionally drilled, give su 3-20-95 MIRU. CIRC PACKER FL 3-21-95 RDMO.	Ing is true and correct	The second secon	Dispose Water           Piot: Repet results of multiple completion on Well           Completion of Recordpution Repet and Log term.)           I date of starting any proposed work. If well is to this work.)*             Date         5-3-95   Date

