

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. O. Cons. Division
1625 N. French Dr.
Hobbs, NM 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection Well	6. If Indian, Allottee or Tribe Name
2. Name of Operator Conoco Inc	7. If Unit or CA, Agreement Designation
3. Address and Telephone No. 10 DESTA DR. STE. 100W, MIDLAND, TX 79705-4500 (915) 686-5580	8. Well Name and No. MCA Unit #171
4. Location of Well (Footage, Sec., T. R. M. or Survey Description) 1980' FSL & 1980' FEL, Sec. 29, T17S, R32E, J	9. API Well No. 30-025-00764
	10. Field and Pool, or Exploratory Area Maljamar Grayburg/SA
	11. County or Parish, State Lea, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other Repair Tubing Leak	<input type="checkbox"/> Dispose Water

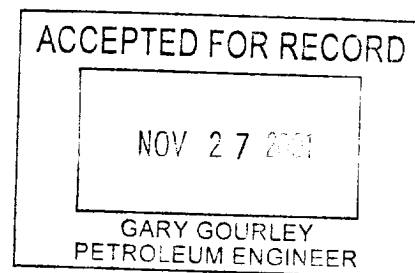
Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

11/2/01 MIRU, flowed well down to vacuum truck. NDWH, NUBOP, test tubing to 500#. Scan tubing out of well, hole in 111th jt. repaired seal assy. 109 yellow, 3 blue, 1 red. SDON

11/3/01 RIH w/repaired seal assy. & 113 jts. 2 3/8" Ipc tubing, 1 - 8' sub, 1 - 4' sub. Circulate packer fluid, tested to 500#. RDMO

Chart attached.

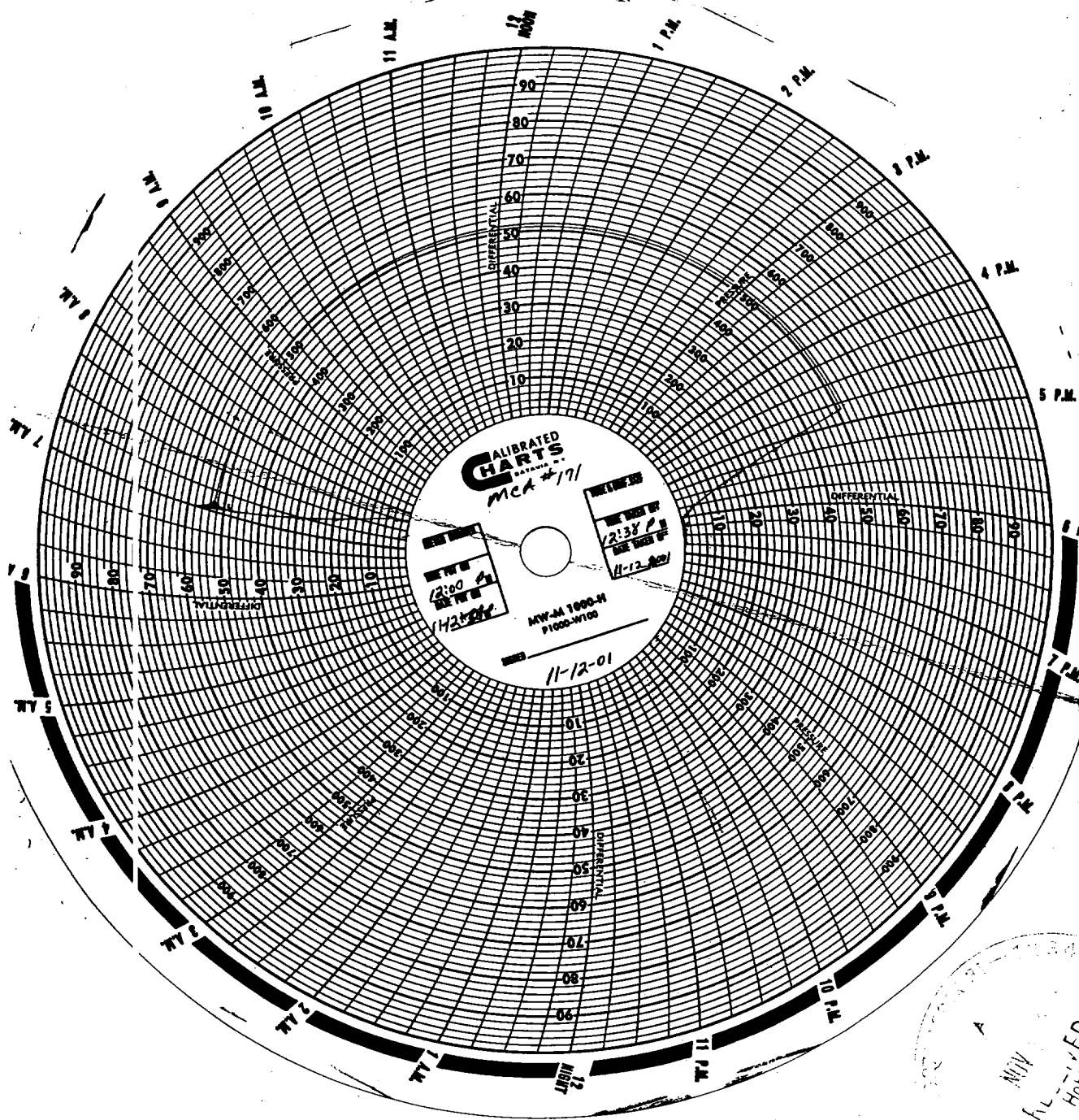


14. I hereby certify that the foregoing is true and correct	Reesa R. Wilkes	Date 11/21/01
Signed Reesa Wilkes	Title Regulatory Specialist	
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval if any: _____		

BLM(6), NMOCDC(3), SHEAR, PONCA, COST ASST, FIELD, FILE ROOM

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.

*See Instruction on Reverse Side



11-12-01 13450
Hobbs
OCD
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