

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

88240
SUBMIT IN 1
(Other instruc
verse 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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>water injection</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-060199(a)</u>
2. NAME OF OPERATOR <u>CONOCO INC.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	7. UNIT AGREEMENT NAME <u>MCA</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660' FNL & 1980' FEW</u>	8. FARM OR LEASE NAME <u>MCA Unit Bty 2</u>
	9. WELL NO. <u>111</u>
	10. FIELD AND POOL, OR WILDCAT <u>Maljamar G/SA</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 29-17S-32E</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.)
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) shut off water ☒

(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.)*

MIRU. Fill OH section to 3680' w/approximately 100 sx crushed oyster shells. Spot 100 lbs cal-seal on top of shells. Set pkr @ 3540'. Pump 6 bbls. xylene. Displace w/15 bbls TFW. Pump 3 bbls scale converter. Displace w/15 bbls. TFW. Pump 24 bbls TFW preflush. Pump 95 bbls k-Trol polymer for injection profile modification. Flush w/17 bbls. 2% KCl. DO cal-seal & shells to TD of 4070'. Acidize G/SA open hole (3660'-4070') as follows: Set pkr @ 3540'. Pump 64 bbls. 15% HCL-NE-FE. Flush w/15 bbls 2% KCL TFW. Swab. Run injection survey. Return well to inj. @ 1900 psi surface wellhead pressure.

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

SIGNED

David Smyth

TITLE

Administrative Supervisor

DATE

2/22/85

(This space for Federal or State office use)

APPROVED BY

TITLE

RECEIVED

CERTIFIED

DATE

2-27-85

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side

RECEIVED

MAR -1 1985

U.S. AIR FORCE