

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction. on the
reverse side)

LEASE DESIGNATION AND SERIAL NO.
LC-D29410B
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 ☒ **Injection**
2. NAME OF OPERATOR **Conoco Inc.**
3. ADDRESS OF OPERATOR **P.O. Box 460 - Hobbs, NM 88240**
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
Unit B 660' FNL + 1980' FEL
14. PERMIT NO. **30-025-00769** 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME **MCA Unit Bty 1**
8. FARM OR LEASE NAME
9. WELL NO. **107**
10. FIELD AND POOL, OR WILDCAT **Mohammar G-5A**
11. SEC./T., R., M., OR BLK. AND SURVEY OR AREA **30-17S-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:		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) Casing Integrity Test	

(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.)*

A casing integrity test was run on this well
3/12/90 (see attached chart). This test was run in
compliance with NMOC Rule 704.

ACCEPTED FOR RECORD

Adm

JUN 11 1990

CAPITOL, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNED *H.A. Ingram* TITLE **Conservation Coordinator** DATE **5/22/90**
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

(6)BLM (3)OCD

*See Instructions on Reverse Side

(1)File

