

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions on reverse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>Injection</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-029410(B)</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.) <u>Unit P</u> <u>660' FSL & 660 FEL</u>	8. FARM OR LEASE NAME <u>MCA Unit Bly 1</u>
14. PERMIT NO. <u>30-025-00781</u>	9. WELL NO. <u>215</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <u>Maljamar G/SA</u>
	11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA <u>Sec. 30-17S-32E</u>
	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 COMPLETE <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) <u>Repair surface water flow</u>	(Other) <u>Repair surface water flow</u>

(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.) *

- ① MIRU on 4-30-86
- ② TOF @ 3678'; clean out to TD @ 4135'. POOH, Set RBP @ 3640' and test to 1000 psi. held. Casing leak between 120'-154'.
- ③ Pumped 60 sxs class "H" cmt w/ 3% CaCl₂. Got good cmt returns to surface. Closed surface valve and put 500 psi on cmt. WOC.
- ④ TOC @ 117'; Drill out to 155' & fell thru. Press. test to 500 psi held ok. POOH w/ RBP.
- ⑤ WIT w/ inj. equip. Set plr @ 3962'. Rig down on 5-7-86.

ACCEPTED FOR RECORD

[Signature]
MAY 21 1986

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

SIGNED *[Signature]* TITLE Administrative Supervisor DATE 5-15-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side