OCD-Hobbs

Form 3 160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 3 1,1993

5. Lease Designation and Serial No.

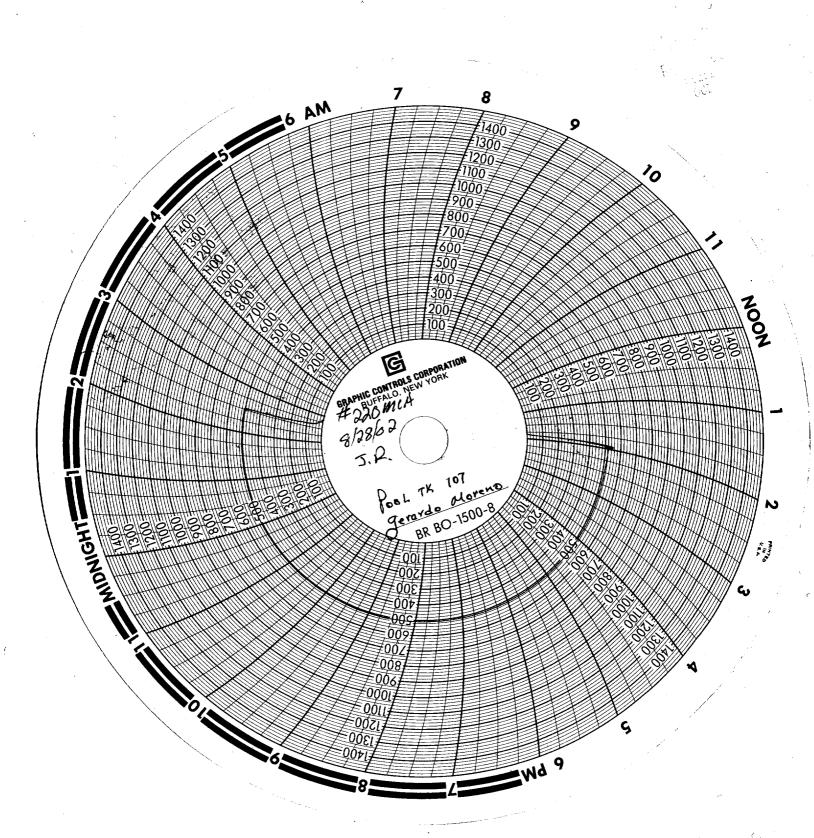
6. If Indian, Allottee or Tribe Name

T	C	05900	1

SUNDRY NOTICES AND REPORTS ON WELLS

· · · · · · · · · · · · · · · · · · ·	DR PERMIT—" for such proposals	
SUBMIT	7. If Unit or CA, Agreement Designation	
1. Type of Well		
Gas Well Other Injection We	8. Well Name and No.	
2. Name of Operator	MCA Unit #220	
Conoco Inc	9. API Well No.	
3. Address and Telephone No.	30-025-00798	
10 DESTA DR. STE. 100W, MIDLAND, T	10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T. R. M. or Survey De	Maljamar Grayburg/SA 11. County or Parish, State	
660' FNL & 660' F	11. County or Parish, State	
	Lea, NM	
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent	Abandonment	Change of Plans
-	Recompletion	New Construction
Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other Request/Renew TA Status	_ Dispose Water
		Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
within the next 12-18 months.	The Approved For 12 Month Services	
14. I hereby cery(fy) that the foregoing is grupe and correct	Reesa R. Wilkes	
Signed Klessa Wilkes	Title Regulatory Specialist	Date9/11/02
(This space for Feder () () () ()	9 S 44 5	1 - / -
Approved by	Title	Date 10/9/02
'_M(6), NMOCD(\$), SHEAR, PONCA, COST ASST,	, FIELD, FILE ROOM	
	knowingly and willfully to make to any department or agency of the United S	states any false, fictitious or fraudulent statements
GWW	*See Instruction on Reverse Side	





Sec. 33. T175- R325-Fed. #10-059001