Form 3160-5
(November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

RECEIVED
MAY 24 10 37 AM '90
OCD
AREA

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
Concco 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.)
At surface
Unit D 660'FNL + 660'FWL

5. LEASE DESIGNATION AND SERIAL NO.
LC-059001

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME

9. WELL NO.
#220

10. FIELD AND POOL, OR WILDCAT
Mal. 6-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
33-17S-32E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. PERMIT NO.
30-025-00798

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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) Temporarily Abandon			
(Other)				(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.)*

4/20/90 Set pkr @ 3541. Pressure up to 500# for 15 min. held. See attached chart. Request a T.A. permit.

APPROVED FOR 12 MONTH PERIOD
ENDING 5/31/91

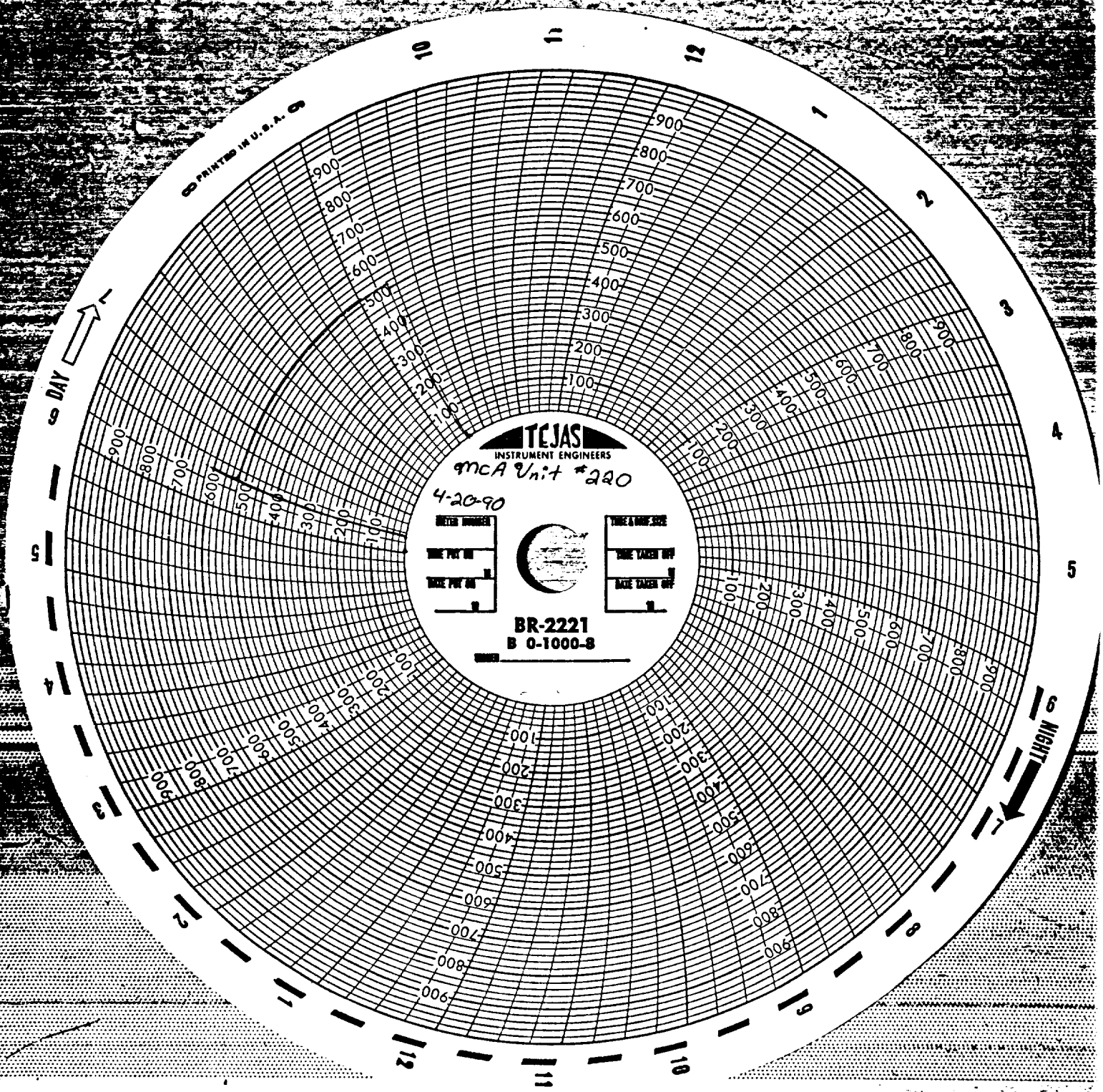
18. I hereby certify that the foregoing is true and correct
SIGNED H.A. Ingram TITLE Conservation Coordinator DATE 5/20/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 6-1-90
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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.


TEJAS
INSTRUMENT ENGINEERS
mcA Unit #220
4-20-90
METER NUMBER
TIME PUT ON
DATE PUT ON
TIME & RATE SIZE
TIME TAKEN OFF
DATE TAKEN OFF
BR-2221
B 0-1000-8
PRINTED IN U.S.A.
DAY
NIGHT