

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instructions  
verse side)

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>Injection</u>                                                                                              | 7. UNIT AGREEMENT NAME<br><u>MCA Unit</u>                             |
| 2. NAME OF OPERATOR<br><u>Conoco Inc.</u>                                                                                                                                                  | 8. FARM OR LEASE NAME<br><u>MCA Unit Bty 3</u>                        |
| 3. ADDRESS OF OPERATOR<br><u>P.O. Box 460 - Hobbs, New Mexico 88240</u>                                                                                                                    | 9. WELL NO.<br><u>223</u>                                             |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><u>660' FNL &amp; 1980' FEL - Unit Letter B</u> | 10. FIELD AND POOL, OR WILDCAT<br><u>Maliama C-SH</u>                 |
| 14. PERMIT NO.<br><u>30-025-00800</u>                                                                                                                                                      | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><u>33-17S-32E</u> |
| 15. ELEVATIONS (Show whether DP, RT, GR, etc.)                                                                                                                                             | 12. COUNTY OR PARISH<br><u>Lea</u>                                    |
|                                                                                                                                                                                            | 13. STATE<br><u>NM</u>                                                |

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)

Work started on 8/19/87. YMRU. Clean Out OH. Test csg above 3750' to 2000 psi, held okay. Ran caliper from 4135'-3800'. Plug back OH w/pear gravel to 3932'. Squeeze 4 1/2" csg shoe w/130 sxs. Drill out cement & ran fiberglass liner. TOL at 3523'. Cement w/150 sxs. Clean out to 4135'. Ran CBH & perf 3700'-4072'. Return well to injection

RECEIVED  
JUL 21 11 42 AM '88  
CARLSBAD AREA

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

SIGNED BGL

TITLE Administrative Supervisor

DATE July 14, 1988

(For source of Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

\*See instructions on Reverse Side

JUL 27 1988  
Peter W. Chester  
CARLSBAD, NEW MEXICO

Penalty for False Statement (18 U.S.C. 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.

BLM-Carlsbad (6) OXG (1) FRKO (1) LRL