

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
P.O. BOX 1300  
HOLLY, NEW MEXICO 88240

Budget Bureau No. 1004-01  
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME <i>MCA Unit</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Holly, NM 88240</i>	9. WELL NO. <i>#383</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>Unit A 330' FNL &amp; 330' FEL</i>	10. FIELD AND POOL, OR WILDCAT <i>Malamas G-SA</i>
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 33, T17S, R32E</i>	12. COUNTY OR PARISH <i>Dea</i>
14. PERMIT NO. <i>30-025-00815</i>	13. STATE <i>NM</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	

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.)\*

10-27-89 Frac the 6<sup>th</sup> (Grayling) w/ 23,000 lbs 16/30 OTTOWA sand.  
Swab, Clean out fill, Circ. well clean. Run production grip.

Adam

RECEIVED  
NOV 27 11 21 AM '89

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

SIGNED *W.W. Baker* W.W. Baker

TITLE *Adm. Supervisor*

DATE *11-27-89*

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side