

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
66240

Budget Bureau No. 1004-1
Expires August 31, 1985
LEASE DESIGNATION AND SERIAL

LC-058728

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 MCA Unit Bty 3
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240	9. WELL NO. #227
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 6641N + 19841W Unit letter C	10. FIELD AND POOL OR WILDCAT Maj. (G-SA)
14. PERMIT NO. 30-025-00818	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T17S, R32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH Dea
	13. STATE NM

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)

(Other) Cleanout Acidize + frac X

(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.)

10-10-89 C.O. to 4200'. Acidize w/90 BUL 15% HCL-NE-FE.
Frac. the MG SA 6th + 7th w/43,375# of 16-30 sand.
Flow to frac. tank. Clean out frac sand. Run
prod. equip.

NOV 16 10 59 AM '89

RECEIVED

Adm

NOV 13 1989

CARROLL, W. W. Baker

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

SIGNED

W.W. Baker

TITLE Adm. Supervisor

DATE

11-13-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED

NOV 20 1989

**OCD
HOBBS OFFICE**