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)

Form approved.
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.)

5. LEASE DESIGNATION AND SERIAL NO.: LC-058514

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

1. OIL WELL ☐ GAS WELL ☐ OTHER Injection Well-Water

7. UNIT AGREEMENT NAME: MCA Unit

2. NAME OF OPERATOR: Conoco Inc.

8. FARM OR LEASE NAME: MCA Unit Bty. 3

3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, N. M. 88240

9. WELL NO.: 228

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: unit letter B

660' FNL & 1980' FEL

10. FIELD AND POOL, OR WILDCAT: Malpaise GSA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 34 T-17S, R-32E

14. PERMIT NO.: 30-025-00819

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

12. COUNTY OR PARISH: Lea

13. STATE: N. M.

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) Repeat Casing integrity test	☐		☒
(Other) Shut-in Well	☐		☒	(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.)*

A casing integrity test was run 5-11-89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.

RECEIVED

ATTACHED FOR 12 MONTH PERIOD

ENDING 7/10/90

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

SIGNED Mahnie Simpson for TITLE Admin. Supervisor DATE 6-22-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

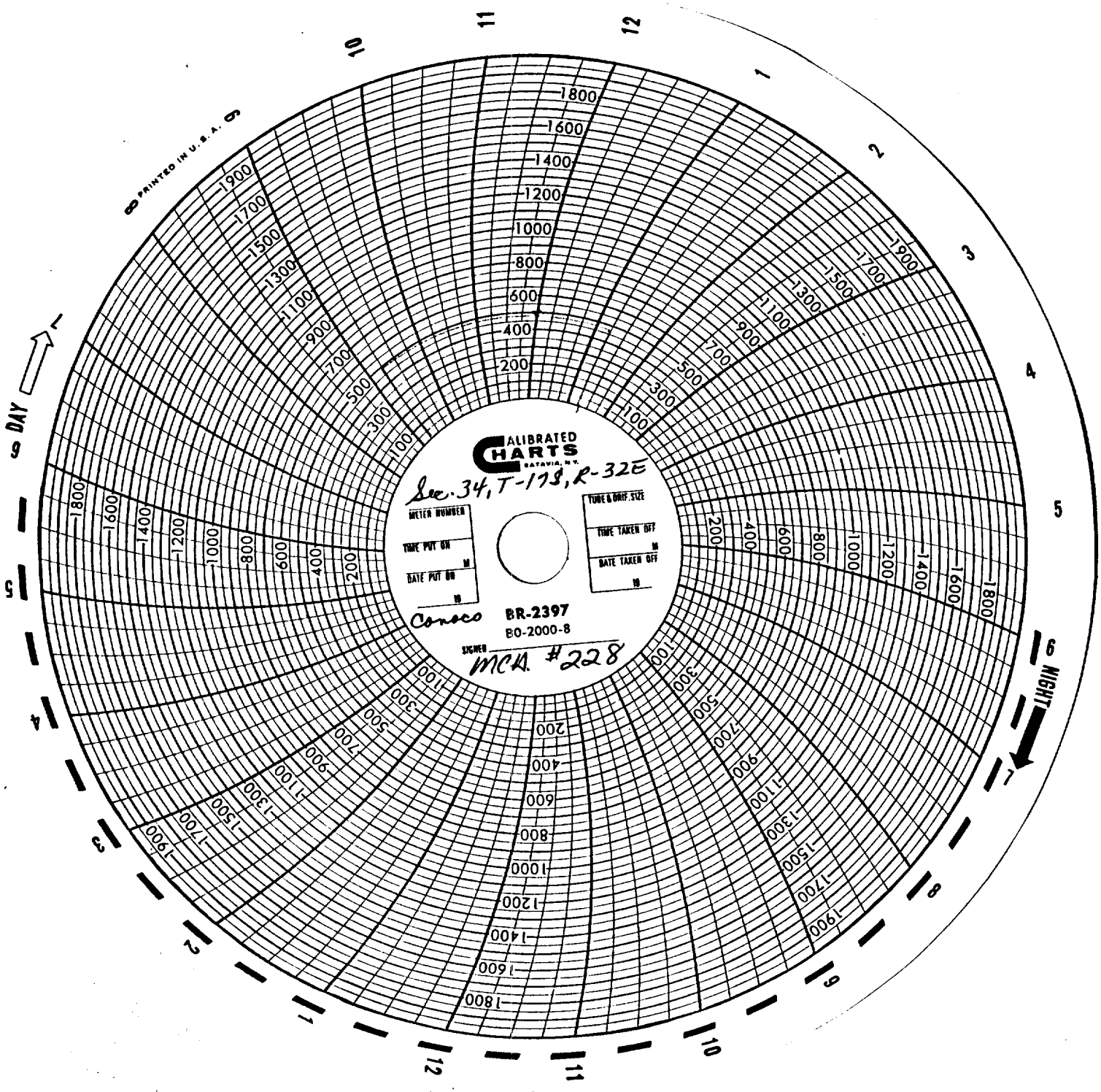
Approval
By

*See Instructions on Reverse Side

SJS

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

RECEIVED
JUL 13 1989
OCD
HOBBS OFFICE


CALIBRATED CHARTS
BATAVIA, N.Y.
Sec. 34, T-17S, R-32E
METER NUMBER
TIME PUT ON
DATE PUT ON
TUBE & ORIF. SIZE
TIME TAKEN OFF
DATE TAKEN OFF
Conoco
BR-2397
BO-2000-8
SIGNED
MCA #228
DAY
NIGHT
PRINTED IN U.S.A.