

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED
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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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ <u>Injection Well</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-058514</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	7. UNIT AGREEMENT NAME <u>MCH Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660' FNH & 1980' FEL ~ Unit Letter B</u>	8. FARM OR LEASE NAME <u>MCH Unit Bty 3</u>
14. PERMIT NO. <u>30-025-00819</u>	9. WELL NO. <u>228</u>
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	10. FIELD AND POOL, OR WILDCAT <u>Maljamar G-SA</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>34-17S-32E</u>
	12. COUNTY OR PARISH <u>Lea</u> 13. STATE <u>nm</u>

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) Temporarily Abandon

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

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.)

1. POOH w/ injection equipment
2. Run 4 1/2" scraper to 3920'.
3. Set RBP at 3910'. Test csq to 500psi.
4. Circulate pkr fluid.
5. Rig down.

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

SIGNED [Signature]

TITLE Administrative Supervisor

DATE March 21, 1989

(This space for Federal or State office use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 4-5-89

Subject to
Like Approval
by State

*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.

BLM-Cristina (6) OXY (1) FPOC (1) File