

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO. <u>30-025-00820</u>
5. Indicate Type of Lease <u>Federal</u> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection Well</u>	7. Lease Name or Unit Agreement Name <u>MCA Unit sty 3</u>
2. Name of Operator <u>Conoco Inc.</u>	8. Well No. <u>229</u>
3. Address of Operator <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. Pool name or Wildcat <u>Maljamar G-SA</u>
4. Well Location Unit Letter <u>E</u> : <u>1980</u> Feet From The <u>north</u> Line and <u>660</u> Feet From The <u>west</u> Line Section <u>34</u> Township <u>17S</u> Range <u>32E</u> NMPM <u>Lea</u> County	10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>Rule 202B-TA Well</u> <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

A casing integrity test was run 6-22-89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.

CIBP 4112' 1-11-89

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE William W Baker TITLE Administrative Supervisor DATE July 17, 1989

TYPE OR PRINT NAME William W. Baker

TELEPHONE NO. 392-5800

(This space for State Use)

**ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR**

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JUL 20 1989

TA expires 8-1-90