

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other Instructions
on Reverse Side)

CATE
on 76

LEASE DESIGNATION AND SERIAL NO.
HC 029455B
IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ Injection	7. UNIT AGREEMENT NAME <u>Mitchell B</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>PO Box 460, Hobbs NM 88240</u>	9. WELL NO. <u>413</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Weller-N 660/A 1/980/W</u>	10. FIELD AND POOL, OR WILDCAT <u>Maligmar 9-SA</u>
14. PERMIT NO. <u>30-025-0802500</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>S18-17S-32E</u>
15. ELEVATIONS (Show whether OF, RT, CR, etc.)	12. COUNTY OR PARISH <u>hca</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 ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
(Other) ☒ Temporary Abandon	

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.)

12/14/89 Notified state before R/U.
CATH w/bit + 5 1/2" csg. scraper to 3600'. Both w/tbg + scraper. HTH w/5 1/2"
Elder CIBP + 114 2 3/8" cmt. lined tbg. set CIBP @ 3590'. Release off.
Open well = no pressure. Circ. wellbore with 90 bbls 10# brine mixed
w/pkr. fluid. Test plug + csg. to 500' for 15 minutes/cut chart for
state. Both w/cmt lined tbg. lay down in singles. Top csg. off
w/pkr. - Release Units.

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

SIGNED Wu Bahr Wu Bahr

TITLE Administrative Supervisor

DATE 2/1/90

(This space for Federal or State office use)

APPROVED BY Signed by Adam Salameh

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 2-20-90

Subject to
Like Approval
by State

*See Instructions on Reverse Side