

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instruct
verse 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-029405B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mitchell B

9. WELL NO.

No. 13

10. FIELD AND POOL, OR WILDCAT

Maljama GSA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

18-17S-32E

12. COUNTY OR PARISH 13. STATE

Lea NM

1. OIL WELL ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460 - Hobbs, New Mexico 88240

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

660' FSL & 1980' FUL - Unit Letter N

14. PERMIT NO.

3D-025-08025

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

16. 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)

PLUG OR ALTER CASING

MULTIPLE COMPLETE

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 and
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones perti-
nent to this work.)

A casing integrity test was run 12-15-89 on the
referenced well (chart attached). We respectfully
request permission for the well to remain shut-in.

APPROVED 12/12/89

DATED 1/1/91

RECEIVED

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

SIGNED William W. Baker

TITLE Administrative Supervisor

DATE 12/29/89

(This space for Federal or State office use)

APPROVED BY Orig. Signed by Adam Salameh

CONDITIONS OF APPROVAL, IF ANY:

TITLE PETROLEUM ENGINEER

DATE 1-5-90

*See Instructions on Reverse Side

RECEIVED

JAN 08 1990

OCB
HOBBS OFFICE

