

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FOUNDER: [illegible]
Budget: [illegible]
Expires: [illegible]

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.
LC-029405B
6. If Indian, Affiliation, Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

1. Type of Well

☐ Oil Well

☐ Gas Well

☒ Other *Injection*

2. Name of Operator

CONOCO INC.

3. Address and Telephone No.

10 DESTA DRIVE, STE 100 W, MIDLAND, TX 79705 (915) 686-5494

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980 FSL & 1980 FEL

Unit letter G, Sect. 19, T17S, R32E

8. Well Name and Note

MCA Unit No. 59

9. API Well No.

30-025-08042

10. Field and Pool, or Exploratory Area

Mahomet (G-SA)

11. County or Parish, State

Lea, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent

☒ Subsequent Report

☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment

☐ Recompletion

☐ Plugging Back

☐ Casing Repair

☐ Altering Casing

☒ Other *run fiberglass tbq*

☐ Change of Plans

☐ New Construction

☐ Non-Routine Fracturing

☐ Water Shut-Off

☐ Conversion to Injection

☐ Dispose Water

(Note: Report results of multiple completions on Well Completion or Recompletion Report and Log form.)

13. 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.)

6-18-91 MIRM. Rel on-off tool - POH LD IPC tbq. Dressed on-off tool. Start in hole w/2 3/8 flg tbq. Finish in hole w/2 3/8 flg tbq. Latched onto on-off tool. Tst backside 500 # for 30 min. Tst tbq 1000 # - HELD. Circ pkr fluid. RD.

RECEIVED FOR RECORD

Adm

SEP 16 1991

LEA COUNTY, NEW MEXICO

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

Signed

Christine L. Neff

Title ADMIN. ASSISTANT

Date

9-16-91

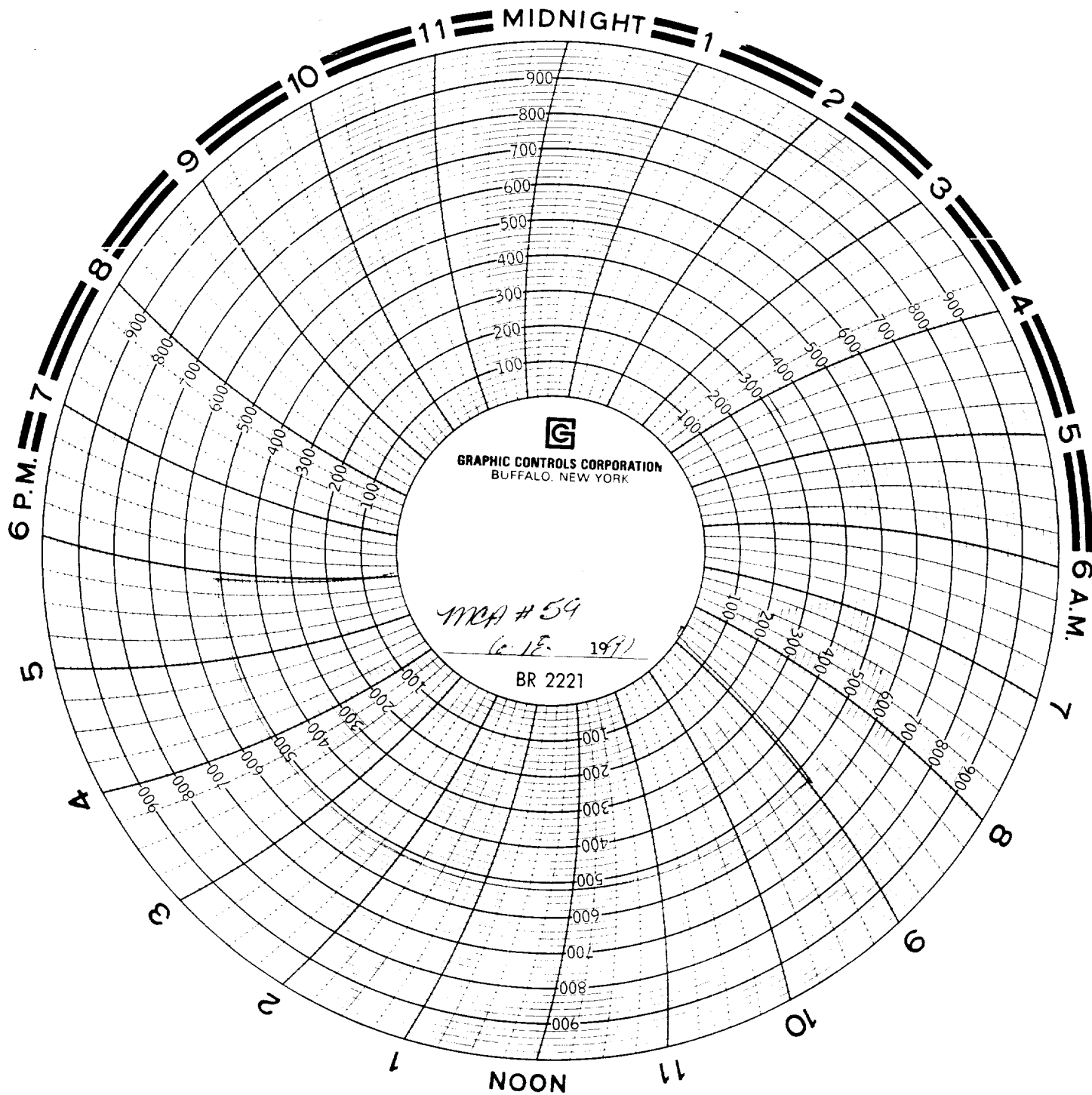
(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any:



RECEIVED

OCT 24 1991

U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION