Form 3160-5 (November 1994)

DEPARTMENT OF THE INTERIOR

N.M. OI	Cons. Divis	O PORM APPROVED
IOZO IA	<i>i</i> enen Dr.	OMB No. 1004-013
Hobbs. 1	UM BROAD	Expires July 31, 199

BUREAU OF LAND MANAGEMENT				5. Cease Serial No.	
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.			6. If Indian, Allottee or Tribe Name		
					SUBMIT IN TRIPLICATE - Other instructions on reverse side
Type of Well Oil Well Gas Well KNother Injection				8. Weil Name and No.	
Name of Operator				M.C.A. #50	
Conoco, Inc.				9. API Well No. 30-025-08057	
Address 10 Desta Dr. Ste.100W Midland, TX 3b. Phone No. (include area code) 915-686-5580				10. Field and Pool, or Exploratory Area	
Location of Well (Footage, Sec., T., R., M., or Survey Description)				Maljamar GB-SA	
Un. Ltr. F, 1980' FNL & 1980' FWL				11. County or Parish, State	
Section 20, T-17S, R-32E			Lea County, NM		
12. CHECK AP	PROPRIATE BOX(ES) T			REPORT, OR OTHER DATA	
TYPE OF SUBMISSION		T	YPE OF ACTION		
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Sta	art/Resume)	
Subsequent Report	Casing Repair	New Construction	Recomplete	Other	
	Change Plans	2 Plug and Abandon	Temporarily A		
☐ Final Abandonment Notice	Convert to Injection	Plug Back	Water Disposa	any proposed work and approximate duratic true vertical depths of all pertinent markers	
strong has been completed. From Story 35' Consider that the size is ready to Story 35' Consider the Story 35' Stor	ror final inspection.) EMENT BN TOP cle with gelled cement plug 32 cement plug 17 L 4 1/2" casing	OF CEMENT / brine mud. 00'-3561'. 40'-2100'. at 1500'.	RETAINER TAG	on in a new interval, a Form 31604 shall be clamation, have been completed, and the operation of the state of	7746
Squeeze 35 s	exs cement thru AND 25/84 ne 7"A casing at	perts at 860)·.	s cement thru perfs	
at 300' to 1	fill hole to su	rface.	e	TO SEE THE RESIDENCE OF STATE	
7. Install dry	hole marker and	clear locat	ion.		> 1* §
					
14. I hereby certify that the foregon Name (Printed/Typed)	oing is true and correct	Title	Sr. Staff	Regulatory Assista	nt
Signature	Wilkes	Date	4-11-00		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by (ORIG. S	SGD.) ALEXIS C. SWOB		PETROLEU	MENGINHER APR 177	90 0
Conditions of approval, if any, a certify that the applicant holds I which would entitle the applicant	are attached. Approval of this	notice does not warrant or	Office		
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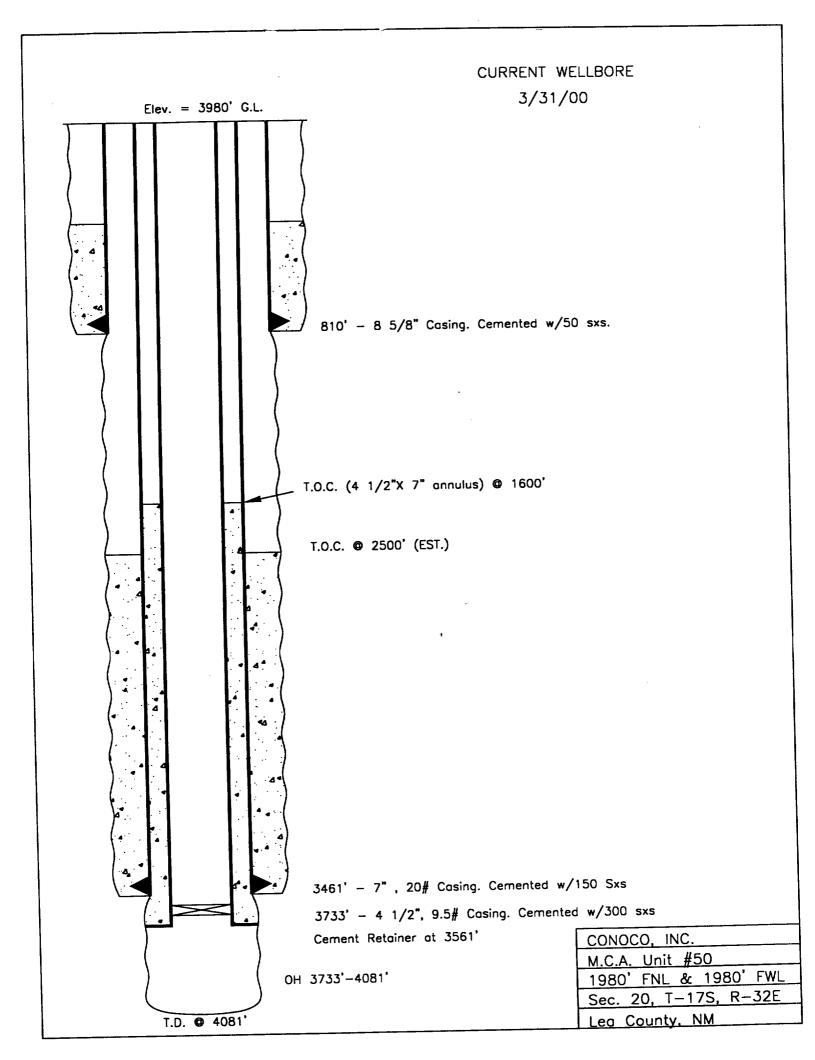
Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictition fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on reverse) Distrib: BLM (b), OCD (i), SHEAR, PONCA, COST ASST, FILE ROOM

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