

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

SUBMIT IN TRIPLICATE

1. Type of Well ☐ Oil Well ☐ Gas Well ☒ Other <u>INJECTION</u>	5. Lease Designation and Serial No. <u>LC 29405A</u>
2. Name of Operator <u>Conoco Inc.</u>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <u>10 Desta Drive W. Midland, TX 79705 (915)686-5424</u>	7. If Unit or CA, Agreement Designation <u>mca unit Btg 1</u>
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <u>1980' FNL & 1980' FWL, UNIT LTR F SEC. ²⁰28 T-17S, R-32E</u>	8. Well Name and No. <u>MCA WELL 50</u>
	9. API Well No. <u>30-025-08057</u>
	10. Field and Pool, or Exploratory Area <u>MAIJAMAR (G-SA)</u>
	11. County or Parish, State <u>LEA, NM</u>

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION
☐ Notice of Intent	☐ Abandonment
☒ Subsequent Report	☐ Recompletion
☐ Final Abandonment Notice	☐ Plugging Back
	☐ Casing Repair
	☐ Altering Casing
	☒ Other <u>CLEAN OUT</u>
	☐ Change of Plans
	☐ New Construction
	☐ Non-Routine Fracturing
	☐ Water Shut-Off
	☐ Conversion to Injection
	☐ Dispose Water

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.)*

5-20 MIRU REVERSE UNIT & OPEN WILL TO PIT TO BLEED OFF PRESS. SION.
5-21 POOH W/ TBG & PACKER
5-23 RIH W/ SCRAPER TO 3600'. RIH W/ 2 3/8 X 4 1/2" OTIS INTERLOCK PKR & ON/OFF TOOL.
SET PKR AT 3550'. TEST TO 500#.
5-24 RIH W/ 2 3/8" TBG.. LATCHED ON AND TEST TO 500#. CIRC. PKR FLUID. RAN CSG. INTEGRITY
TEST AT 500# FOR 30 MIN.. HELD. RDMO. RETURN WELL TO INJECTION.

14. I hereby certify that the foregoing is true and correct		
Signed <u>L. R. Keady</u>	Title <u>SR. STAFF ANALYST</u>	Date <u>7-8-91</u>
(This space for Federal or State office use)		
Approved by _____	Title _____	Date _____
Conditions of approval, if any:		