

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse side)

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Budget 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.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ <i>Injection Well</i>	7. UNIT AGREEMENT NAME <i>MCA Unit</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME <i>MCA Unit Bty 1</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Hobbs, New Mexico 88240</i>	9. WELL NO. <i>22</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>660' FNL & 660' FWL - Unit Letter D</i>	10. FIELD AND POOL, OR WILDCAT <i>Maljamar C-SA</i>
14. PERMIT NO. <i>30-025-08059</i>	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

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) *Temporarily Abandon*

PULL 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 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.)

- 1) M I R U
- 2) POOH w/ Abg & pke.
- 3) Set CIBP at 3500', Circulate Abg/csg annulus w/pke fluid & POOH.
- * → Perform csg. integrity test as per BLM instructions.
- 4) Rig down.

(SJS)

For further information call Barry Schneider at 397-5800.

SEP 21 10 55 AM '88

RECEIVED

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

SIGNED *[Signature]* TITLE *Administrative Supervisor* DATE *9/19/88*
SUPERVISOR (For Federal or State office use)
APPROVED BY *[Signature]* TITLE *[Signature]* DATE *9-30-88*
COMMENTS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See instructions on Reverse Side

Penalty for False Statement: It is a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM-Guidelines (b) OXY (1) FPC (1) ZC.