

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO
RECEIVED

SUBMIT IN TRIP
(Check appropriate box)
DATE

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.)

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>94</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <i>At surface</i> <i>660' FSL & 660' FRL - Unit Letter P</i>	10. FIELD AND POOL, OR WILDCAT <i>Maljamar C-SA</i>
14. PERMIT NO. <i>30-025-08063</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>20-17S-32E</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) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒ *Modify Injection Profile*

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.)*

Work started on 9/22/88. MIRR. Strip out w/pk. Clean out to 4040'. Set cement retainer at 4039', dump 1 sk cement on top. Run injection equipment. Acidize w/64 bbls 15% HCL-NE-FC in 3 equal stages diverting w/250# rocksalt per stage. Si for 2 hrs. Flwd back load. Rig down. Work completed on 10/4/88.

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

SIGNED *[Signature]* OF FINNEY

TITLE *Administrative Supervisor*

DATE *November 14, 1988*

19. SIGNATURE OF SPECIAL AGENT OR STATE OFFICE USE:

20. SIGNATURE OF APPROVAL, IF ANY:

TITLE

DATE

NOV 14 1988

*See Instructions on Reverse Side

SJS