Form 3160-5
(November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.: LC-029405B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

# 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 Injection

7. UNIT AGREEMENT NAME: MCA Unit Bty 1

2. NAME OF OPERATOR: Conoco Inc.

8. FARM OR LEASE NAME:

3. ADDRESS OF OPERATOR: P.O. Box 460 - Hobbs NM 88240

9. WELL NO.: #62

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: Unit L 1980'FSL & 660'FWL

10. FIELD AND POOL, OR WILDCAT: Maljamar G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 20-17S-32E

14. PERMIT NO.: 30-025-08068

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH: Lea

13. STATE: NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

| NOTICE OF INTENTION TO: | | | | SUBSEQUENT REPORT OF: | | | |
|---|---|---|---|---|---|---|---|
| TEST WATER SHUT-OFF | ☐ | PULL OR ALTER CASING | ☐ | WATER SHUT-OFF | ☐ | REPAIRING WELL | ☐ |
| FRACTURE TREAT | ☐ | MULTIPLE COMPLETE | ☐ | FRACTURE TREATMENT | ☐ | ALTERING CASING | ☐ |
| SHOOT OR ACIDIZE | ☐ | ABANDON* | ☐ | SHOOTING OR ACIDIZING | ☐ | ABANDONMENT* | ☐ |
| REPAIR WELL | ☐ | CHANGE PLANS | ☐ | (Other) Casing Integrity Test | | | ☑ |
| (Other) | | | | (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.)*

A casing integrity test was run on this well 2-27-90 (see attached chart). This test was run in compliance with NMOCD Rule 704.

RECEIVED
MAY 31 11 07 AM '90
CARLSBAD, NEW MEXICO

ACCEPTED FOR RECORD
Adr
MAY 29 1990

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

SIGNED H.A. Ingram TITLE Conservation Coordinator DATE 5/22/90

(This space for Federal or State office use)

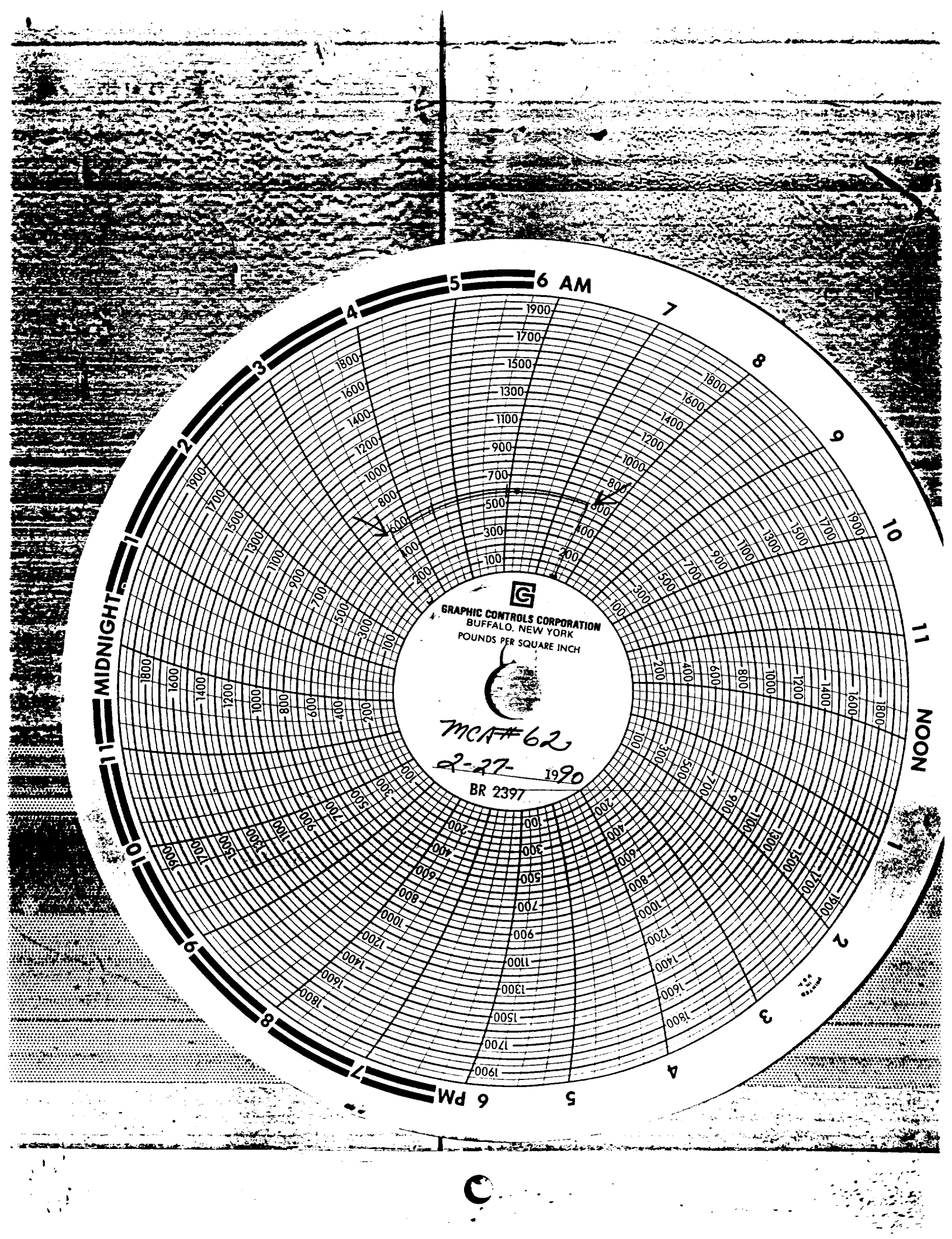
APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

(6) BLM (3) OCD (1) File

*See Instructions on Reverse Side

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, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.


6 AM
NOON
6 PM
MIDNIGHT
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
POUNDS PER SQUARE INCH
MCA#62
2-27-1990
BR 2397