

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE LOCATED
(Other Instructions on Reverse Side)

LEASE DESIGNATION AND SERIAL NO.
LC-029405B
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

2. NAME OF OPERATOR Conoco Inc.

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

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
Unit N 4660' FSL & 1980 FWL

14. PERMIT NO. 30-025-12579

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

7. UNIT AGREEMENT NAME MCA Unit Bty 1

8. FARM OR LEASE NAME

9. WELL NO. #102

10. FIELD AND POOL, OR WILDCAT Nalgamar G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-17S-32E

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:

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) Casing Integrity Test

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.)

A casing integrity test was run on this well 2-13-90 (see attached chart). This test was run in compliance with NMOC Rule 704.

RECEIVED
MAY 31 11 08 AM '90
CARLETON AREA HEADQUARTERS

ACCEPTED FOR
Ad

JUN 1 1990

CARLETON, NEW MEXICO

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

CONDITIONS OF APPROVAL, IF ANY:

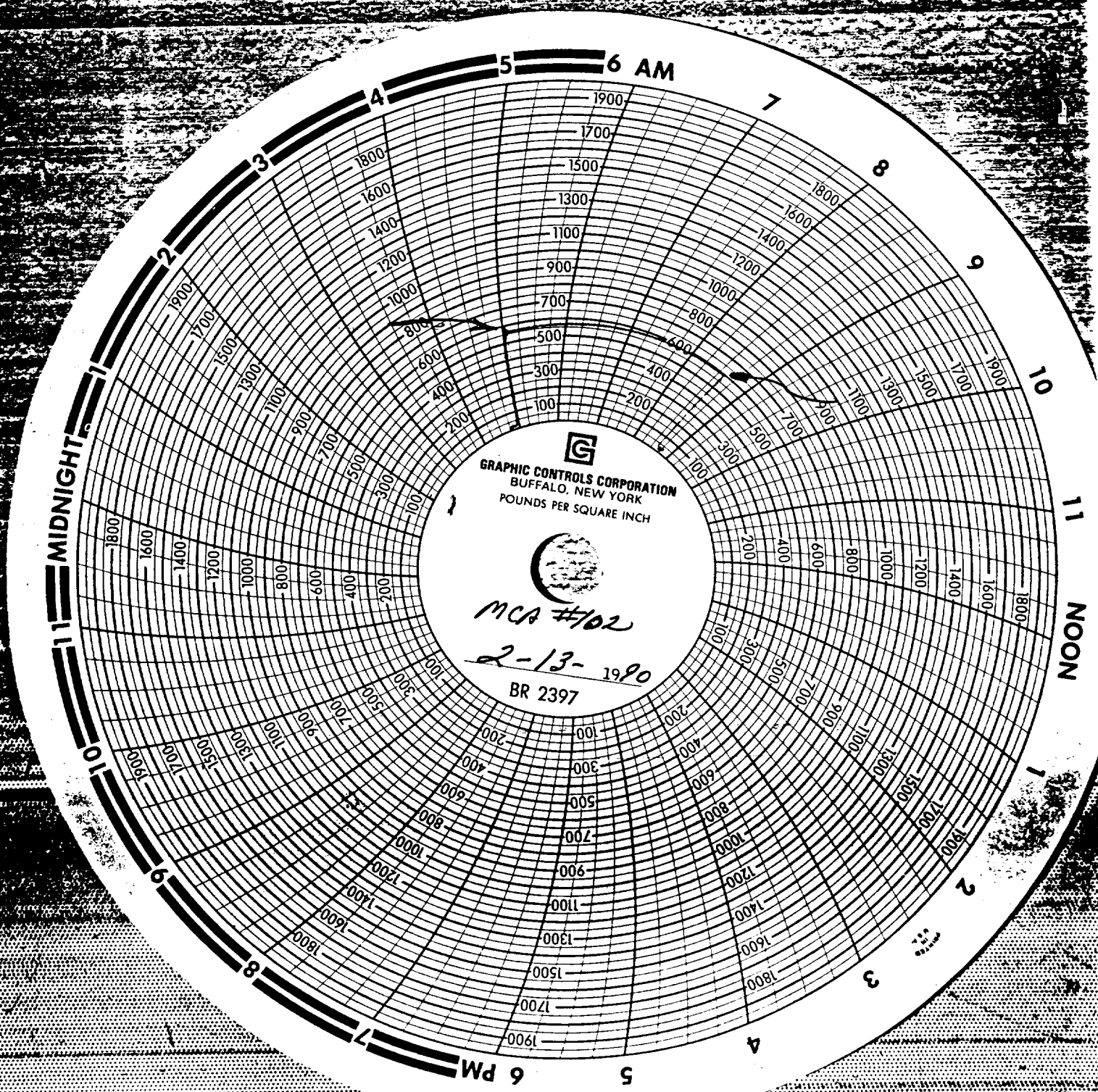
TITLE

DATE

(4)BLM (3)OCD

*See Instructions on Reverse Side

(1)File



G
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK
POUNDS PER SQUARE INCH

MCA #102
2-13-1980
BR 2397

RECEIVED

JUN 11 1990

CCC
HOBBS CAMPUS