

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR  
(Other instruction  
reverse side)

DATE

LEASE DESIGNATION AND SERIAL NO.  
**LC-0294058**  
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 660' FSL & 1980 FWL

14. PERMIT NO.  
30-025-12579

15. ELEVATIONS (Show whether OF, 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  
Malgamar 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 NMOCED Rule 704.

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

**FOR RECORD ONLY**

CONDITIONS OF APPROVAL, IF ANY:

DATE

MAY 31 1990

(4) BLM (3) OGD

\*See Instructions on Reverse Side

(1) File

RECEIVED

MAY 31 1990

CCD  
HOBBS OFFICE

