

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN THE
(Other instructions
verse side)

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 ☐	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>96</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>25' FSL & 2590' FWL - Unit Letter N</i>	10. FIELD AND POOL, OR WILDCAT <i>Mojave G-SA</i>
14. PERMIT NO. <i>30-025-12755</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) *Cased Hole Stimulation*

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 3/31/88 - MIRR. Clean out & get down to TD. Set pk at 3593' & load backside w/TFW. Establish injection rate in 6th, 7th & 9th zones w/TFW at 1300 psi at 5 BPM. Acidize pay zones w/25 bbl of HCL-NE-FE acid & divert w/3 bbls containing 500# rock salt. Swab back load. Pump scale inhibitor. Release pk & POOH. Run producing equipment & place well on production. Work Completed 4/13/88.

RECEIVED
JUN 23 11 10 AM '88

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

SIGNED *DE FINNEY*

TITLE *Administrative Supervisor*

DATE *June 27, 1988*

(For space for general or State office use)

APPROVAL
SIGNATURES OF APPROVAL IF ANY:

TITLE

DATE
ACCEPTED FOR RECORD

Peter W. Chester
JUL 1 8 1988

*See instructions on Reverse Side