

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

|                                                                                                                                  |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 1. Type of Well<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No.<br>LC-029410A          |
| 2. Name of Operator<br>Conoco Inc.                                                                                               | 6. If Indian, Allottee or Tribe Name                       |
| 3. Address and Telephone No.<br>10 Desta Drive W, Midland, TX 79705 (915)684-6553                                                | 7. If Unit or CA, Agreement Designation                    |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>2580 FSL & 2595 FWL, SECT. 29, T17S, R32E Unit F       | 8. Well Name and No.<br>MCA Unit No. 156                   |
|                                                                                                                                  | 9. API Well No.<br>30-025-12756                            |
|                                                                                                                                  | 10. Field and Pool, or Exploratory Area<br>Maljamar (G-SA) |
|                                                                                                                                  | 11. County or Parish, State<br>Lea, NM                     |

**12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                             |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Notice of Intent             | <input type="checkbox"/> Abandonment                       |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion                      |
| <input type="checkbox"/> Final Abandonment Notice     | <input type="checkbox"/> Plugging Back                     |
|                                                       | <input type="checkbox"/> Casing Repair                     |
|                                                       | <input type="checkbox"/> Altering Casing                   |
|                                                       | <input checked="" type="checkbox"/> Other well back to pmp |
|                                                       | <input type="checkbox"/> Change of Plans                   |
|                                                       | <input type="checkbox"/> New Construction                  |
|                                                       | <input type="checkbox"/> Non-Routine Fracturing            |
|                                                       | <input type="checkbox"/> Water Shut-Off                    |
|                                                       | <input type="checkbox"/> Conversion to Injection           |
|                                                       | <input type="checkbox"/> Dispose Water                     |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

**13. 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.)\***

12-19-90  
GIH w/RWBC pmp, 2 1-1/2 K bars, 93 3/4" rods, 1 7/8 x 4 rod sub, and 1-1/2" x 26' SMPR.  
Hung well on, ck pmp action - OK.  
RD.

RECEIVED  
JAN 28 8 43 AM '91  
OIL  
AREA

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

|                               |                                       |                     |
|-------------------------------|---------------------------------------|---------------------|
| Signed <u>Donnette Nelson</u> | Title <u>Analyst - Oil Production</u> | Date <u>1-18-91</u> |
|-------------------------------|---------------------------------------|---------------------|

(This space for Federal or State office use)

|                                 |             |            |
|---------------------------------|-------------|------------|
| Approved by _____               | Title _____ | Date _____ |
| Conditions of approval, if any: |             |            |