

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction
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 ☒ <u>Injection Well</u>	7. UNIT AGREEMENT NAME <u>MCA Unit</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME <u>MCA Unit Bly 1</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. WELL NO. <u>99</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>25' FSL & 25' FEL - Unit Letter P</u>	10. FIELD AND POOL, OR WILDCAT <u>Maljamar G-5A</u>
14. PERMIT NO. <u>30-025-12764</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>19-17S-32E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) <u>CO Stage 1 - Convert to Producer</u>	☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(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.)

1. Test 4 1/2" liner
2. Clean out open hole to TD
3. Plug back open hole w/ cement to shut off 9th zone
4. Drill out upper 9th
5. Perforate and acid stimulate
6. Run Hg & pkr.

RECEIVED
DEC 9 12 17 PM '88
CARTER
AREA

I hereby certify that the foregoing is true and correct

SIGNED Robert L. Finney

TITLE Administrative Supervisor

DATE December 6, 1988

(This space for Federal or State office use)

APPROVED BY: [Signature]

TITLE

DATE 12-14-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side