

UNITED STATES N. M. OIL & GAS UNIT EN-TRAP  
DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)  
BUREAU OF LAND MANAGEMENT NEW MEXICO 88240

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Injection well	7. UNIT AGREEMENT NAME MCA Unit Btj 1
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME MCA
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 99
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit P	10. FIELD AND POOL, OR WILDCAT Malamar G/SA
14. PERMIT NO. 30-025-12764	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA Sec 19-T17S-R32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) 1 Repair surface waterflow <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)\*

MIRU. Attempt to pmp 15 bbls fresh wtr between the surface-prad csg annulus @ 800 psig max. surface pressure. Run tracer survey. Bradenhead sqz the csg-csg annulus. Lead-in w/ 2 bbls salt-saturated brine. Pmp 2 bbls fresh wtr spacer. Pmp 20 bbls Flo-Chek & tail-in w/ 65 sxs class "H" cmt w/ 3% CaCl<sub>2</sub>. Displace cmt through wellhead w/ fresh wtr. Rig down and return to injection.

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

SIGNED Karin L. Vogel TITLE Administrative Supervisor DATE 9-23-85

(This space for Federal or State office use)

APPROVED BY Don Wood TITLE adby DATE 10-17-85

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

OCT 21 1985

OFFICE  
HONORARY OFFICE