

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions
on reverse 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 Bty 1</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. WELL NO. <u>61</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>2615' FSL & 28' FHL - Unit Letter L</u>	10. FIELD AND POOL, OR WILDCAT <u>Maljamar G-SA</u>
14. PERMIT NO. <u>30-025-12771</u>	15. ELEVATIONS (Show whether OF, RT, GR, etc.)
12. COUNTY OR PARISH <u>Lea</u>	
13. STATE <u>NM</u>	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Tie Back Lines to Surface</u> ☒	

(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 7/26/88. M/R U. Repair pkr csq leak. Found leak in 7" production casing at 761'. Cement 4 1/2" w/ 335 sxs "C" w/ 2% CaCl₂ & 0.3% D-65. Dullout cement. Return to injection. Work completed 8/8/88.

RECEIVED
DEC 12 9 48 AM '88
CARTER
AREA

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

SIGNED [Signature] OF FINNEY

TITLE Administrative Supervisor

DATE December 8, 1988

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE

DATE 12-13-88

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

B. M. [Signature] (10/20/88) (F. Pool) (L. B.)

RECEIVED

DEC 15 1988

OCD
HOBBS OFFICE