

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-DATE
(Other instructions on reverse side)

LEASE DESIGNATION AND SERIAL NO.
LC-029410B
IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <u>Injection</u>	7. UNIT AGREEMENT NAME <u>MCA Unit Bty 1</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, NM 88240</u>	9. WELL NO. <u>161</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Unit J 2615' FSL + 2615' FEL</u>	10. FIELD AND POOL, OR WILDCAT <u>Malinas G-SA</u>
14. PERMIT NO. <u>12781</u> <u>30-025-85009</u>	11. SEC. T. R. M., OR BLK. AND SURVEY OR AREA <u>Sec. 30, T17S, R32E</u>
15. ELEVATIONS (Show whether DF, 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) Repair Communications ☒

(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.)

3/26 MRLU. NAWH. NUBOP. Release pki. P00H w/114 fts 2 3/8" IPC Tbg. + pki. W/114 w/7" Otis pki. + 114 fts 2 3/8" IPC tbg. Set pki. @ 3474'. Circ. pki. fluid. Test tbg. to 2000# held. NUBOP, NAWH. Test Csg. to 500 # for 15 min. Held. Return to injection. See attached chart.

ACCEPTED FOR RECORD

Ab

APR 26 1990

CARLSBAD, NEW MEXICO

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

SIGNED

H.A. Ingram

TITLE

Conservation Coordinator

DATE

4/4/90

(This space for Federal or State office use)

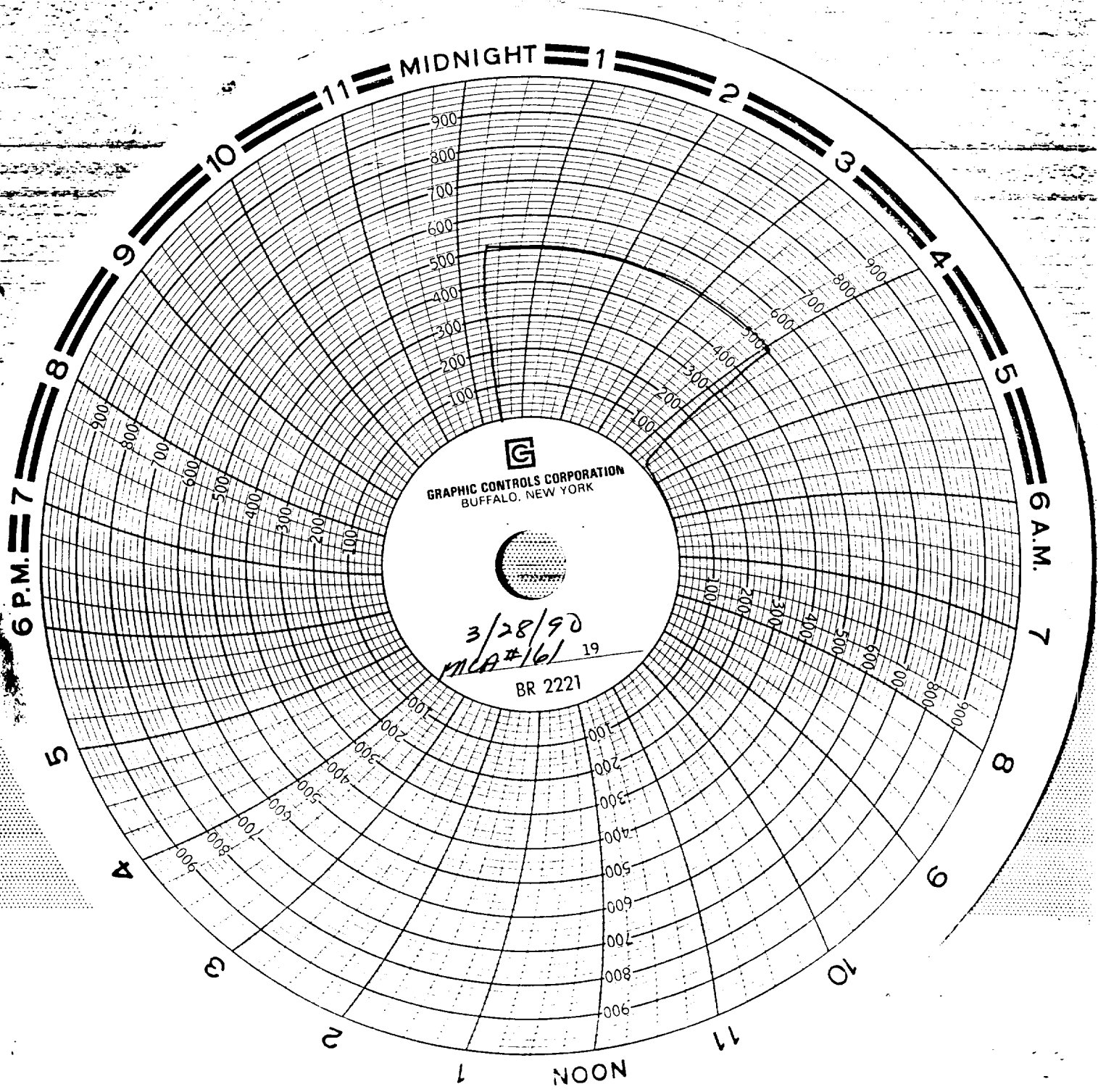
APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side



G
GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

3/28/90
MCA #161
BR 2221

RECEIVED

APR 27 1990

OOD
MOBBS OFFICE