

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction on re-
verse 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 ☐ GAS WELL ☐ 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>	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 30, T17S, R32E</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

18. 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) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) ☒ <u>Repair Communications</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.)

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

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 _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

FOR RECORD ONLY

*See Instructions on Reverse Side

