Form 3160-5
November 1983
Formerly 9-331

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

5. LEASE DESIGNATION AND SERIAL NO.: LC-029509B

6. 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.)

7. UNIT AGREEMENT NAME:

OIL WELL [X] GAS WELL [ ] OTHER

2. NAME OF OPERATOR: Conoco Inc.

8. FARM OR LEASE NAME: MCA Unit Sec. 3

3. ADDRESS OF OPERATOR: P.O. Box 460 Hobbs, N.M. 88240

9. WELL NO.: #66

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: SE/4 of SW/4 Unit N

10. FIELD AND POOL, OR WILDCAT: Wildcat (G-SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 22, T17S, R32E

14. PERMIT NO.: 30-025-85004

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3997

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:		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 [X]	ABANDONMENT* [ ]
REPAIR WELL [ ]	CHANGE PLANS [ ]	(Other) [ ]	
(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.)*

8-24-89 C.O. to 4090'. Prod. the following w/1 JSPF 4030'-4028', 4018-4016, 4011-4002, 3986-3984, 3980-3976, 3907-3903, 3890-3887', 3881-3878, 3868-3863, 3844-3840, 3816-3812. Acidize w/65 Bbls 15% HCl-NE-FE acid + divert w/rock salt. Run prod. equip.

RECEIVED
SEP 21 11 50 AM '89
OCD
ARTESIA, OFFICE

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

SIGNED W.W. Baker TITLE Administrative Supervisor DATE Sept. 19, 1989

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

Adm

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.