

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR. CASE*
(Other instructions on re-
verse 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME MCA UNIT Bty 1
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME MCA UNIT Bty 1
3. ADDRESS OF OPERATOR P.O. BOX 460, HCBBS NM 88240	9. WELL NO. 89
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 25' FPL + 50' FWL, SECTION 22 T-17S, R-32E UNIT 2 M	10. FIELD AND POOL, OR WILDCAT MALJAMAR (G-SA)
14. PERMIT NO. 30-025-85006	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 22 T-17S, R-32E
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 ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☒

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

"PUDDLE PACK" ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)

"PUDDLE PACK" OPERATIONS WILL BE PERFORMED ON THIS WELL.

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

SIGNED

D.F. Finney

TITLE

Adm. Supervisor

DATE

9/19/88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

9-22-88

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side

RECEIVED

SEP 11 11 23 AM '88