

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved
Budget Bureau No. 1004-0-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-029509A

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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
660/N + 500/E
Unit letter A

14. PERMIT NO.
30-025-2266100

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

7. UNIT AGREEMENT NAME

MCA Unit Bly 2

8. FARM OR LEASE NAME

9. WELL NO.

#245

10. FIELD AND POOL OR WILDCAT

Najamar G-SA

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 21, T. 17S, R. 32E

12. COUNTY OR PARISH 13. STATE

Lea 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

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. (Thoroughly 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.)*

8-28-87 GIH w/5-1/2" 14# CSG. Scraper to 2100'. POOH. GIH
w/5-1/2" 14# Baker 10K-set RBP + model "R" packer.
Set RBP @ 2000', packer at 1985'. Test to 1000' psi;
held. POOH w/pkr + RBP. GIH w/prod. equip. RD.
Work completed 8-29-87

RECEIVED

RECEIVED

RECEIVED

RECEIVED

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

SIGNED

W.W. Baker

TITLE

Administrative Supervisor

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

AUG 1954

PROBING D. 202