

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBCOMMISSION (Other instructions on reverse side)

I am 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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR: Conoco Inc.
3. ADDRESS OF OPERATOR: P.O. Box 460 - Hobbs, New Mexico 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface: 810' FSL & 2030' FSL - Unit Letter D
14. PERMIT NO.: 30-025-23487
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
16. UNIT AGREEMENT NAME: MCB Unit
17. FARM OR LEASE NAME: MCB Unit Bty 3
18. WELL NO.: 254
19. FIELD AND POOL, OR WILDCAT: Malpais (C-SP)
20. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 28-17S-32E
21. COUNTY OR PARISH: Lea
22. STATE: NM

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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Cased Hole Stimulation

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.)

Work started on 11/29/88. MIRU. POOH at rods & pump. G1H & tag fill at 4079'. CO to 4097'. Perf 6th zone 3889'-3994'. Perf 7th zone 4007'-94' w/ 2 3/8" spf. Acidize w/ 40 lbs acid. G1H w/ 2 7/8" Hg & SOPMA. Run producing equipment & place well on production. Work completed 12/2/88.

ACCEPTED FOR RECORD

JAN 26 1989

EB
CARLSBAD, NEW MEXICO

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

SIGNED: J. T. FINNEY

TITLE: Administrative Supervisor

DATE: January 12, 1989

(This space for Federal or State office use)

APPROVED BY: [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE:

DATE:

*See Instructions on Reverse Side