

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-057210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA Unit 24/3

8. FARM OR LEASE NAME

MCA

9. WELL NO.

254

10. FIELD AND POOL, OR WILDCAT

Maliamar G-SA

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

Sec. 28 -175-32E

12. COUNTY OR PARISH

Lea

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

CONOCO INC.

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit 0

14. PERMIT NO.

30-025-23487

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

810' FSL & 2080' FEL

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) Shut off surface waterflow

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 (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.)*

MIRU. Run tracer survey. Bradenhead sqz the csg-csg annulus. Lead-in w/ 2bbls salt saturated brine. Pump a 2bbl fresh water cushion. Pump 20 bbls Flow-Chek. Tail-in w/ 250 sxs Class "H" cmt plus w/ 3% CaCl₂. Displace cmt through wellhead. Return MCA No. 254 to production.

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

SIGNED

Kevin L. Cengel

TITLE

Administrative Supervisor

DATE

9-6-85

(This space for Federal or State office use)

APPROVED BY

Don W. ...

TITLE

DATE

10-17-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side