

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction  
verse side)

DATE  
a re

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 <i>MCA Unit</i>
2. NAME OF OPERATOR <i>Conaco Inc.</i>	8. FARM OR LEASE NAME <i>MCA Unit Btry 2</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, N.M. 88240</i>	9. WELL NO. <i>256</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>unit letter I</i> <i>2590' FSL &amp; 1310' FEL</i>	10. FIELD AND POOL, OR WILDCAT <i>Maljamar GSA</i>
14. PERMIT NO. <i>30-025-23509</i>	11. SEC., T., R., OR BL. AND SURVEY OR AREA <i>Sec. 20, T-17S, R-32E</i>
15. ELEVATIONS (Show whether DF, ST, CR, etc.)	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N.M.</i>

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) *Placed well on production*

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.)

*This is to inform you that the referenced well formerly a shut-in water injector is now back flowing to see if it will make any oil. If so it will be a producing oil well.*

ACCEPTED FOR RECORD

*Adm*

MAR 26 1990

RECEIVED  
MAR 12 8 30 AM '90  
CARLSBAD AREA OFFICE

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

CARLSBAD, NEW MEXICO

SIGNED

*NW Baker*

TITLE

*Administrative Supervisor*

DATE

*3-8-90*

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

RECEIVED

MAR 28 1990

OCD  
HOBBS OFFICE