

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on
reverse side)

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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR CONOCO INC.		8. FARM OR LEASE NAME MCA Unit Bly 3
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240		9. WELL NO. 261
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit N 25' FSL & 1345' FWL		10. FIELD AND POOL, OR WILDCAT Malamar G/SA
14. PERMIT NO. 30-025-23559		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-17S-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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	shut off surf wtrflw ✓		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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.) *

- ① MIRU
- ② Clean out fill
- ③ Rig up pmp truck to bradenhead valve
- ④ Run tracer survey
- ⑤ Bradenhead sqz the csg-csg annulus as follows:
 - a. Lead-in w/ 2bbls salt saturated brine
 - b. Pmp 2bbls fresh wtr spacer
 - c. Pmp 20 bbls Flo-Chek
 - d. Tail-in w/ 180 sxs class "H" cmt w/ 3% CaCl₂
 - e. Displace cmt. thru wellhead w/ fresh water
- ⑥ Shut-in bradenhead valve & install a pop-off valve set @ 800 psi
- ⑦ Return MCA #261 to production

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

SIGNED [Signature]

TITLE Administrative Supervisor

DATE 11-15-85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 11-22-85

*See Instructions on Reverse Side

RECEIVED

NOV 25 1995

U.S. B.
FEDERAL RESERVE