

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME <i>MCA Unit</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME <i>MCA Unit Bty</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Hobbs, New Mexico 88240</i>	9. WELL NO. <i>260</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <i>At surface</i> <i>1410' FNL & 2550' FWL - Unit Letter F</i>	10. FIELD AND POOL, OR WILDCAT <i>Majama G-SA</i>
14. PERMIT NO. <i>30-025-23569</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>28-17S-32E</i>
15. ELEVATIONS (Show whether DP, RT, GR, etc.)	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETION	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
(Other) <i>Cased Hole Stimulation</i>	☒		

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 3/23/88. WMLRU. Kill-well w/150 bbls of 10#
Soline. Tag PBTD at 4108'. Perf 9th zone 4012'-4090'. Perf
6th zone 3746'-3755'. Tested csq to 2000 psi. Acidize
6th, 7th & 9th zones w/200 bbls of 15% HCL-NE-FE acid.
Run G-R-temp survey. Cancelled proposed 7th zone frac.
Rig down. Work Completed 3/31/88

I hereby certify that the foregoing is true and correct

SIGNED *[Signature]*

TITLE *Administrative Supervisor*

DATE *May 26, 1988*

State for General or State office use:

APPROVALS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

SJS

Section 1701, makes it a crime for any person knowingly and willfully to make to any department or agency of the
BLM-Created (16) 0266 (1) 0036 (1) 16