

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Budget Bureau No. 1004-01
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 ☐		P. O. BOX 1980 HOBBS, NEW MEXICO		5. LEASE DESIGNATION AND SERIAL NO. LC-029405(B)	
2. NAME OF OPERATOR CONOCO INC.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240				7. UNIT AGREEMENT NAME MCA Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2594' FSL & 1224' FWL				8. NAME OR LEASE NAME MCA Unit Bly 1	
14. PERMIT NO.		15. ELEVATIONS (Show whether DP, RT, GR, etc.)		9. WELL NO. 263	
				10. FIELD AND POOL, OR WILDCAT Maljamar G/SA	
				11. SEC. T., R., M., OR BLM. AND SURVEY OR AREA Sec 20-175-32E	
				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 ☐	PEEL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) <u>Repair csg</u>	☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(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.)*

MIRU. Log from 2500' to surface w/Differential Temp. Log & Borehole Audio Tracer Survey. Test 5 1/2" csg from 3540' to surface by pressure testing various intervals to 1500 psig. Reset pkr @ 1100'. Establish circ. Pump 140 bbls 10 ppg brine. Pump 2 bbls fresh water spacer. Pump 35.7 bbls Flo-check foamed w/200 scf N2/bbl. Pump 4 bbls fresh water spacer. Pump 400 sks 50/50 cat-seal/class "C" cmt foamed w/200 scf N2/bbl. Tail w/50 sks class "C" cmt w/2 % CaCl2. Displace w/2 % KCL-TFW. Repeat above until squeeze pressure attained. S.I. for 24 hrs. Tag TOC & drill out. Pressure test to 500 psig. Tag cmt plug @ 3540'. DO cmt & CIBP @ 3550'. Continue to TD @ 4070'. Circ. well clean. Log from 3500' to surface w/Dual Receiver Cmt Bond Log. Swab Place well in test.

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

SIGNED Kevin Vogel TITLE Administrative Supervisor

DATE 5/31/85

(This space for Federal or State office use)

APPROVED BY Don Wood acting
CONDITIONS OF APPROVAL, IF ANY: RG

TITLE

DATE 6-18-85

*See Instructions on Reverse Side

RECEIVED

JUN 20 1999

U.S. HOUSE OF REPRESENTATIVES