

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instructions
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME MCA Unit
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 264
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1345' FSL & 25' FBL	10. FIELD AND POOL, OR WILDCAT Majamar G/SA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.)
	11. SEC. T., E., M., OR BLK. AND SURVEY OR AREA Sec. 19-17S-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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <u>Rep. surface waterflow</u> <input checked="" type="checkbox"/>		(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 to determine depth the water will reach behind the production csg. Bradenhead squeeze the casing-casing annulus as follows: Lead-in w/2 bbls salt saturated brine. Pump a 2 bbl. fresh water cushion. Pump 20 bbls flow-chek. Tail-in w/135 sx class "H" cmt w/ 3% CaCl₂. Displace cmt thru wellhead w/fresh water. Shut-in Bradenhead valve & install a pop-off valve set @ 800 psi. Hang well on & return to production.

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

SIGNED David S. Smylie

TITLE

Administrative Supervisor

DATE 2/22/85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

AREA
CARLSBAD

DATE 2-27-85

Subject to
Like Approval
by State

*See Instructions on Reverse Side

RECEIVED

MAR -1 1985

CCB
HOUSE OFFICE