

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instruction on re-
verse side)

Budget Bureau No. 1004-0115
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	5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Conoco Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 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 See Item #17 below	8. FARM OR LEASE NAME
	9. WELL NO.
	10. FIELD AND POOL, OR WILDCAT Maljamar G-SA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	(Other) ☐

(Other) Cased Hole Stimulation x

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.)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

Cased Hole stimulations will be performed on the following wells:

1. MCA Unit #86; Sec. 22, T17S, R32E; 25' FSL & 2612' FWL; LC-029509B
2. MCA Unit #183; Sec. 27, T17S, R32E; 1295' FSL & 2615' FEL; LC-05721
3. MCA Unit #185; Sec. 27, T17S, R32E; 1345' FSL & 1345' FEL; LC-05721
4. MCA Unit #188; Sec. 26, T17S, R32E; 1980' FSL & 1980' FWL; LC-058699
5. MCA Unit #201; Sec. 26, T17S, R32E; 1295' FSL & 1370' FWL; LC-058699
6. MCA Unit #227; Sec. 34, T17S, R32E; 660' FNL & 1980' FSL; LC-058728
7. ~~MCA Unit #271; Sec. 26, T17S, R32E; 1980' FSL & 360' FWL; LC-058728~~
8. MCA Unit #282; Sec. 27, T17S, R32E; 1295' FNL & 2615' FWL; LC-05721
9. MCA Unit #292; Sec. 27, T17S, R32E; 1295' FNL & 1295' FWL; LC-05721
10. MCA Unit #307; Sec. 27, T17S, R32E; 25' FNL & 1345' FEL; LC-05721

For further technical information please contact Barry Schneider at 397-5893.

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

SIGNED W.W. Baker W.W. Baker

TITLE Administrative Supervisor

DATE July 12, 1989

(This space for Federal or State office use)

APPROVED BY Shannon Shaw
CONDITIONS OF APPROVAL, IF ANY:

FOR: CHIEF
TITLE

DATE 7-31-89

*See Instructions on Reverse Side