



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONS
D. BOX 1980
LEAS, NEW MEXICO

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

5. Lease Designation and Serial No.

LC 057210A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

MCA UNIT BTY 2 WELL 274

9. API Well No.

30-025-23731

10. Field and Pool, or Exploratory Area

MALJAMAR (G-SA)

11. County or Parish, State

LEA, NM

SUBMIT IN TRIPLICATE

1. Type of Well

Oil Well Gas Well Other

2. Name of Operator

Conoco Inc.

3. Address and Telephone No.

10 Deata Drive STE 100W, Midland, TX 79705 (915)686-5424

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1295' FNL & 1295' FBL, SEC. 28, T-17S, R-32E, UNIT LTR 'A'

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other REPLACE PACKER	<input type="checkbox"/> Dispose Water

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

13. 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.)*

6-1-93 MIRU. KILLED WELL. INSTALLED B.O.P, UNSEAT PACKER, POOH W/ TBG & PACKER. GIH W/ BIT & SCRAPER TAG BOTTOM @ 4104', POOH. GIH W/ OTIS INT. PACKER SET @ 3474' WITH ON/OFF TOOL & 1.71 "R" PROFILE AND 2 3/8" TBG. REMOVED B.O.P, CIRCULATE PACKER FLUID TEST CSG TO 500# FOR 30 MIN, HELD. FLANGE UP WELLHEAD AND FISH OTIS PLUG.
6-8-93 RDMO. RETURN WELL TO FLOWING.

J. Lora
12 1993



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

Signed

[Signature]

Title

SR. REGULATORY SPEC

Date

7-7-93

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: