

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
DORES NEW MEXICO 88240

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

5. Lease Designation and Serial No.

LC 0572100

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

CONOCO INC

3. Address and Telephone No

10. Dista Drive STE 100W, Midland, TX 79705 (815) 686-6551

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

2565' FNL 4 1345' FEL
SEC. 28. T-17S. R-32E. LTR 'G'

7. If Unit or CA, Agreement Designation

8. Well Name and No.

MCA # 280

9. API Well No.

30-015-23740

10. Field and Pool, or Exploratory Area

MALJANAR GRAYBURG SAN AN

11. County or Partial State

LEA, NM

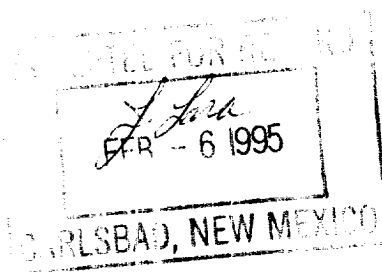
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
☐ Notice of Intent	☐ Abandonment	☐ Change of Plans
☒ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other PUT ON PUMP	☐ 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.)*

11-8-94 MIRU. POOH TBG. RIH W/PROD TBG 124JTS OF 2 7/8. SEAT NIPPLE @ 3744'. RIH W/NEW PUMP. RIH W/98-3/4 RODS. 48-7/8 RODS. CLEANED LOC & RDMO 11-10-94.



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

Signed

Title

STAFF REGULATORY ASSISTANT

Date

1-5-94

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: