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

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 057210

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE

7. If Unit or CA, Agreement Designation

1. Type of Well
XX Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.
MCA # 280

2. Name of Operator
CONOCO INC

9. API Well No.
30-025-23740

3. Address and Telephone No
10 Desta Drive STE 100W, Midland, TX 79705 (915) 686-6551

10. Field and Pool, or Exploratory Area
MALJAMAR GRAYBURG SAN AN

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
2565'FNL & 1345'FEL
SEC. 28, T-17S, R-32E, LTR 'G'

11. County or Parish, 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.

ACCEPTED FOR RECORD
FEB - 6 1995
CARLSBAD, NEW MEXICO

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:

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side