Form 3160-5	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		CONS. DECHNAPPROVED Budget Bureau No. 1004-0135
(June 1990)			Expires: March 31, 1993
		Hobbs, N	M 8824 Base Designation and Serial No.
	SUNDRY NOTICES AND REPORTS	SON WELLS	6. If Indian, Allottee or Tribe Name
Do not use this form for pro	oposals to drill or to deepen or reentry to ION FOR PERMIT for such proposals	a different reservoir.	
USE APPLICATI	SUBMIT IN TRIPLICATE		7. If Unit or CA, Agreement Designation
1. Type of Well			
X Oil Gas INJECTION Well Well Other			a vivame of lease & well
2. Name of Operator			MCA Unit Well # 283
CONOCO, INC. 3. Address and Telephone No.			30 025 23743
10 Desta Dr., Suite I00W, Midland, Texas 79705-4500,915 686-5424 915 684-6381			10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Maljamar Grayburg San Andres
Surface: 2565' FSL & I295' FEL TD: Sec 19, TI7S, R32E, Unit Ltr. I			11. County or Parish, State
			Lea, NM
12 CHECK APPROPR	RIATE BOX(s) TO INDICATE NATUR	RE OF NOTICE, REPORT	T, OR OTHER DATA
TYPE OF SUBN	lission	TYPE OF ACT	ION
Notice of Inten	t .	Abandonment	Change of Plans
		Recompletion	New Construction
X Subsequent R	eport	Plugging Back	
		Casing Repair	Water Shut-Off Conversion to Injection
Final Abandon	ment Notice	Altering Casing	Dispose Water
		X Pump change	Orispices Visitor     Note: Report results of multiple completion on Well
	ed Operations (Clearly state all pertinent details, and give		Completion or Recompletion Report and Log form.)
6-22-98: Picked up	OOH w/rods & pump, sent in for repair p and RIH w/new pump, changed out ping & testing pump, well put on produ	pitted rods, spacked out	pump & hung on,
			ACCEPTED FOR RECORD
		BIG SGD.) GARY	BOURLEY COT 0 2 1998
			QU: 0 2 1330
14. I hereby certify that the jeregoi	ng & true and course		BLM
Signed			Date 9-25-98
Signed (This space for Federal or State			
	Title		Date
Approved by Conditions of approval, if any:			
Title 18 U.S.C. Section 1001, make	es it a crime for any person knowingly and willfully to ma	ike to any department or agency of th	e United States any false, fictitious or fraudulent
statements or representations as to	o any matter within its jurisdiction.	tion on Reverse Side	
	See insubc		

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