

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                                                                            | 7. UNIT AGREEMENT NAME<br><i>MCA Unit</i>                              |
| 2. NAME OF OPERATOR<br><i>Conoco Inc.</i>                                                                                                                                                   | 8. FARM OR LEASE NAME<br><i>MCA Unit Bty 2</i>                         |
| 3. ADDRESS OF OPERATOR<br><i>P.O. Box 460 - Hobbs, New Mexico 88240</i>                                                                                                                     | 9. WELL NO.<br><i>293</i>                                              |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><i>1345' FSL &amp; 1345' FSL - Unit Letter K</i> | 10. FIELD AND POOL, OR WILDCAT<br><i>Maljama G-5A</i>                  |
| 14. PERMIT NO.<br><i>30-025-23767</i>                                                                                                                                                       | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><i>S29, 17, 32</i> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)                                                                                                                                              | 12. COUNTY OR PARISH<br><i>Lea</i>                                     |
|                                                                                                                                                                                             | 13. STATE<br><i>NM</i>                                                 |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) *Cased Hole Stimulation*

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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

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.)\*

Work started on 3/21/88. MIRA. Run scraper to 4114'. Spot 275 gals of 15% HCL-NE-FE acid. Drill out to 4136'. Perf 6th zone 3844'-3932'. Perf 9th zone 4087'-4128'. Acidize w/33 bbls. Set pkr at 3750'. Empd 60 bbls of acid. Release pkr. Run producing equipment & place on production. Work completed on 3/31/88

RECEIVED  
JUN 23 11 07 AM '88  
OFFICE OF THE  
ASSISTANT  
SJS  
CANABAD, NEW MEXICO

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

SIGNED *[Signature]* *LF FINNEY*

TITLE *Administrative Supervisor*

DATE *June 27, 1988*

19. I am a representative of State office use;

20. CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See instructions on Reverse Side

This form is a government document. It is 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.

BLM-CANABAD (1) OXU (1) FPC (1) LK