

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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME <i>MCA Unit</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME <i>MCA Unit Bty 2</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Hobbs, New Mexico 88240</i>	9. WELL NO. <i>294</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1345' FSL & 2615' FWL - Unit Letter K</i>	10. FIELD AND POOL, OR WILDCAT <i>Maljama G-SA</i>
14. PERMIT NO. <i>30-025-23797</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>29-17S-32E</i>
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <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 2/29/88. MIRR. Clean out to 4095'. G/H w/ mill. Mill 4118'-20'. Acidize 9th zone w/ 45 bbls 15% HCL-NE-FC acid. Ref Lower 7th zone 4040'-4063'. Set pke at 4022' & pump 20 bbls acid. Frac 7th zone. Treat 6th & 7th zone w/ 60 bbls acid in 3 stages. Pump scale inhibitor. Release RBP. Run producing equipment & place on production.

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

SIGNED *De Finney*

TITLE *Administrative Supervisor*

DATE *June 27, 1988*

(For use by Bureau or State office use)

APPROVED BY
SIGNATURES OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side