

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
verse 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Injection Well</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-029405(A)</u>
2. NAME OF OPERATOR <u>CONOCO INC.</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>		7. UNIT AGREEMENT NAME <u>MCA</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit H</u>		8. FARM OR LEASE NAME <u>MCA Unit Bty 1</u>
14. PERMIT NO. <u>30-025-23825</u>		9. WELL NO. <u>298</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND POOL, OR WILDCAT <u>Malamar G/SA</u>
		11. SEC., T., R. M., OR BLK. AND SURVEY OR AREA <u>Sec. 19-175-32E</u>
		12. COUNTY OR PARISH <u>Lea</u>
		13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) repair Surf. Wtr flow

(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.)\*

- ① MIRU and Kill well w/ weighted fluid (15 bbls)
  - ② Change out injection equipment
  - ③ Rig up pmp truck to bradenhead valve; If unable to establish pmp-in rate see note
  - ④ Run tracer survey
  - ⑤ Bradenhead sqz the csq-csq annulus as follows:
    - Ⓐ Lead-in w/ 2 bbls salt saturated brine
    - Ⓑ Pmp 2 bbls fresh wtr spacer
    - Ⓒ Pmp 20 bbls Flo-Chek
    - Ⓓ Tail-in w/ 140 sxs class "H" w/ 3% CaCl<sub>2</sub>
    - Ⓔ Displace cmt thru wellhead w/ fresh wtr
  - ⑥ shut-in braden head valve and install pop-off valve set @ 800 psi
  - ⑦ Install injection equip. and acidize w/ 90 bbls 15% HCL-NE-FE; flush w/ 25 bbls TFW
  - ⑧ Return to Injection
- \* Note: If unable to establish pmp-in rate above 1 BPM, then perf @ 650' w/ 2 JSPP set RBP @ 2800' & PKR @ 550'; pmp 300 sxs class "H" and drill out cmt, test sqz to 500 psi and follow the rest of procedure

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 12-12-85

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 12-19-85

CONDITIONS OF APPROVAL, IF ANY:

**Subject to  
Like Approval  
by State**

\*See Instructions on Reverse Side