

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL & GAS COMMISSION

SUBMIT IN TRIP
(Other Instructions)

Budget Bureau No. 1004-0
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-057210

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS 88240

(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 ☐

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460 - Hobbs NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface 1295'N + 2615'W

Unit letter C

7. UNIT AGREEMENT NAME

MCA Unit Bly 3

8. FARM OR LEASE NAME

9. WELL NO.

#282

10. FIELD AND POOL OR WILDCAT

Mali (G-SA)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 27, T17S, R32E

14. PERMIT NO.

30-025-23846

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR PARISH 13. STATE

Lea NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

Clean-out & Stimulate

(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.)*

9-28-89 C.O. to 4142'. Perf. 4051' 4048' 4028' 4001' 3968' 3860' 3931' 3896' 3894' 3888' 388' 3858' 3848' 3842' 3835' 3817' 175' Frac. 6 1/2" 7 1/2". Max pres. 3900#. Run prod. lg up.

Adm

RECEIVED

NOV 16 10 53 AM '89

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

SIGNED

Mike Zimmerman
W.W. Baker

TITLE Adm. Supervisor

DATE

11-13-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side