Form 3160-5 (November 1983) (Formerly 9-331)	UNSTED STATES	SUBMIT IN TRIP ATE (Other Instruction in re-	Form approved.  Budget Bureau No. 1004-0135  Expires August 31, 1985  5. LEASE DESIGNATION AND SERIAL NO.
SUN (Do not use this	BUREAU OF LAND MANAGEMENTO HOBBS IN NOTICES AND REPORTS ON form for proposals to drill or to deepen or plug back Use "APPLICATION FOR PERMIT—" for such propo	WELLS 88240	6. IF INDIAN, ALLOTTER OR TRIBE NAME
OIL GAS WELL  NAME OF OPERATOR	Отява		7. UNIT AGREEMENT NAME  A A A A A A A A A A A A A A A A A A A
	CONOCO INC.	eş .	MCA UnitBig
3. ADDRESS OF OPERATO	P. O. Box 460, Hobbs, N.M. 88240		299
4. LOCATION OF WELL ( See also space 17 bel At surface	teport location clearly and in accordance with any Sta	te requirements.*	Malamay 6/SA  11. SBC, T. R. M., OR BLE. AND SURVEY OR ARMA
175' 14. PERNIT NO. 30-025	-NL & 1295 FWL  15. ELEVATIONS (Show whether DF, ET,	QR, etc.)	Sec, 27-175-32E 12. COUNTY OR PARISH 13. STATE Lea NM
16.	Check Appropriate Box To Indicate Natu	ure of Notice, Report, or Ot	
	NOTICE OF INTENTION TO:	EUDEREUR EUDEREUR	NT REPORT OF:
FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  17. DESCRIBE PROFOSED O proposed work. I nent to this work.)	MULTIPLE COMPLETE  ABANDON* CHANGE PLANS  R COMPLETED OPERATIONS (Clearly state all pertinent de well is directionally drilled, give subsurface locations	Completion or Recomplet	ALTERING CASING  ABANDON MENTS  SUFFACE WITHOUT  f multiple completion on Well ion Beport and Log form.)  neluding estimated date of starting any depths for all markers and sones perti-
DMIRU, PO D Set RBF D Ran tro D WIH W/ W/3% C Class "H D POOH W,	OOH W/ prod. equip.  @ 3800; Set pkr@ 3744  cer test from surface  pkr & set @ 2365; Pu  Cl2, 26615 TEW, 206615  "W/ 3% CaCl2. Displace  pkr. WIH W/ prod. equ	I and test bac to shoe, Pool mped 10bb/s wt Flo-Chek 2bb/ e cmt thru w uip. & rig down	ckside to 500psi. H Wpkr & RBP. r, 20 bbls class"H" s TFW, & 30 bbls ellhead. n on 4-14-86.
	ACCEPTED FOR RECORD	•	
	MAY 13 1986		
	CARLSBAD, NEVERNECICO		
SIGNED _	THUE	ninistrative Supervisor	DATE 5-8-86
APPROVED BY	PPROVAL, IF ANY:		DATE

## \*See Instructions on Reverse Side