

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

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 MCA
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME MCA Unit Aty 1
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 304
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit I	10. FIELD AND POOL, OR WILDCAT Maljamar G/SA
14. PERMIT NO. 30-025-24009	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30-17S-32E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 1345' FSL & 1295' FEL	12. COUNTY OR PARISH Lea
	13. STATE NM

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 COMPLETE <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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>repair surface water flow</u>	
(Other) <input type="checkbox"/>		(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, on 4-22-86
- ② POOH w/tbg, WITH w/csg scraper to 3958. WITH w/RBP & pkr
- ③ Set RBP @ 3727' and pkr @ 3707'. Put 500 psi on backside. Run trace down surface to 250'. POOH w/RBP & pkr, shot 4 holes @ 940' (shoe @ 899') salt @ 980'. Set RBP @ 3075', test to 1000 psi. Spot 2 sxs sand on top. Set pkr @ 728'.
- ④ Pumped 300 sxs class "H" w/3% CaCl<sub>2</sub>; got good cmt @ surface. Closed surface valve and got 575 psi on squeeze.
- ⑤ POOH w/pkr, TOC @ 823'. Drill 67' green cmt to 890'. Drill out to 955' & fell thru. Press. test to 500 psi & bled off. set pkr @ 975' and pumped 10 bbls Flo-Chek & 200 sxs class "H" w/3% CaCl<sub>2</sub>. WOC.
- ⑥ POOH w/pkr, TOC @ 828'. Drill to 972' & fell thru. Press. test to 500 psi and held. POOH w/RBP.
- ⑦ WITH w/prod. equip. and rig down on 5-2-86.

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 5-8-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE \_\_\_\_\_

MAY 13 1986

\*See Instructions on Reverse Side

CAPISPAD, NEW MEXICO