

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate  
(Other instructions on reverse side)

Budget Bureau No. 1004-0115  
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	7. UNIT AGREEMENT NAME MCA Unit
2. NAME OF OPERATOR Conoco Inc.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  See Item #17 below	10. FIELD AND POOL, OR WILDCAT Maljamar G-SA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other)	

Cased Hole Stimulation x

(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.) \*

Cased Hole stimulations will be performed on the following wells:

1. MCA Unit #86; Sec. 22, T17S, R32E; 25' FSL & 2612' FWL; LC-029509B
2. MCA Unit #183; Sec. 27, T17S, R32E; 1295' FSL & 2615' FWL; LC-05721
3. MCA Unit #185; Sec. 27, T17S, R32E; 1345' FSL & 1345' FWL; LC-05721
4. MCA Unit #188; Sec. 26, T17S, R32E; 1980' FSL & 1980' FWL; LC-058699
5. MCA Unit #201; Sec. 26, T17S, R32E; 1295' FSL & 1370' FWL; LC-058699
6. MCA Unit #227; Sec. 34, T17S, R32E; 660' FNL & 1980' FSL; LC-058728
7. MCA Unit #273; Sec. 26, T17S, R32E; 1980' FSL & 560' FWL; LC-058699
8. MCA Unit #282; Sec. 27, T17S, R32E; 1295' FNL & 2615' FWL; LC-05721
9. MCA Unit #292; Sec. 27, T17S, R32E; 1295' FNL & 1295' FWL; LC-05721
10. MCA Unit #297; Sec. 27, T17S, R32E; 1295' FNL & 1295' FWL; LC-05721

199

1270

RECEIVED

For further technical information please contact Barry Schneider at 397-5893.

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

SIGNED W.W. Baker W.W. Baker TITLE Administrative Supervisor DATE July 12, 1989

(This space for Federal or State office use)

APPROVED BY Shammy Shaw

FOR: CHIEF

DATE 7-31-89

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side