

UNITED STATES M. OIL CONS. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT NEW MEXICO 88240

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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME <i>MCA Unit</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME <i>MCA Unit Bty 2</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Hobbs, New Mexico 88240</i>	9. WELL NO. <i>308</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1980' FNL & 1780' FFL - Unit Letter G</i>	10. FIELD AND POOL, OR WILDCAT <i>Maljamar G-5A</i>
14. PERMIT NO. <i>30-025-240760</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>29-17S-32E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) *Case History Stimulation*

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(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.)

Work started 12/22/88 and completed 1/4/89.
MIRU. POOH w/ rods & pump. Tag fill at 4061'. Perf 6th zone 3714'-20'. Perf Upper 7th zone 3812'-3830'. Perf Lower 7th zone 3924'-3946'. Perf 9th zone 4004'-4020'. Acidize w/ 20 bbls. Sand frac 6th & 7th zone. Circ out. Run producing equipment and place on production.

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

SIGNED *DAVID E. FINNEY*

TITLE *Administrative Supervisor*

DATE *February 10, 1989*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
DATE

FEB 23 1989

*See Instructions on Reverse Side

SJS
CARISBAD, NEW MEXICO