

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction
reverse side)

DATE
JD TO

Project Bulletin No. 1000
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

LC-061841

IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Injection

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
Unit C 1295' FNL & 2615' FNL

14. PERMIT NO.
30-025-24101

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

7. UNIT AGREEMENT NAME

MCA Unit Bty 4

8. FARM OR LEASE NAME

9. WELL NO.

311

10. FIELD AND POOL, OR WILDCAT

Maljamar G-SA

11. SEC., TWP., M., OR BLK. AND SURVEY OR AREA

Sec. 26, T17S, 32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)

2/1/90 MIRA. NDWH. NUBOP. Release pki @ 3900' & pull thg.
61H w/new thg & pki. Set pki @ 3914'. Circulate
PKI. fluid. Tested csg. to 500# for 15 min. Held.
See attached chart. Return to injection.

ACCEPTED FOR RECORD

Adm

APR 26 1990

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

CARLSBAD, NEW MEXICO

SIGNED

H.A. Ingram

TITLE

Conservation Coordinator

DATE

4/4/90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

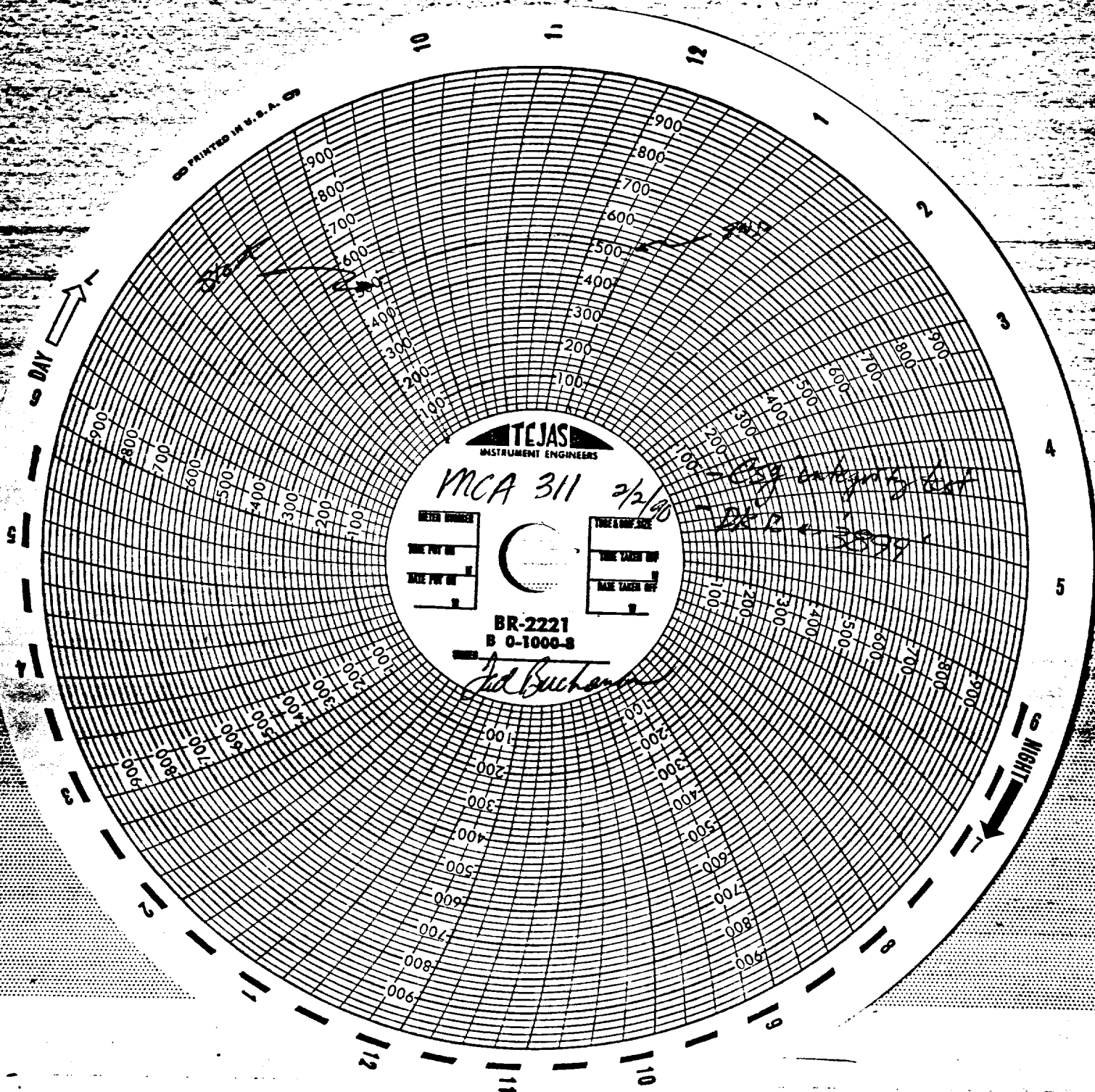
*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(6) B/M (3) C/D

RECEIVED
APR 9 8 59 AM '90
CARLSBAD AREA OFFICE

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APR 27 1990

**OCD
HOBBS OFFICE**