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.)  7.  OIL SAB WELL OTHER  2. NAME OF OPERATOR  P. O. Box 460, Hobbs, N.M. 88240  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  On the A surface  10.  Ocheck Appropriate Box To Indicate Nature of Notice, Report, or Other Notice of Intention to:  TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE  ONLY FLANS  OCHORS PLANS  OCHORS	REPAIRING WELL ALTERING CASING ABANDONMENT®  Insultiple completion on Well in Report and Log form.)
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.  (Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  (Dise "APPLICATION FOR PERMIT" for such proposals.)  7.  OIL GAS WELL OTHER  2. NAME OF OPERATOR  CONOCO INC.  3. ADDRESS OF OPERATOR  P. O. Box 460, Hobbs, N.M. 88240  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  On A surface  One of Intention to:  TEST WATER SHUT-OFF  FRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  OTHER  OTHER	UNIT AGREEMENT NAME  MCA  FARM OR LEASE NAME  MCA UNIT  WELL NO.  3 / 8  FIELD AND POOL, OR WILDCAT  AJAMAT 6/SA  SEC., T., B., M., OR BLE. AND  SURVEY OR ARBA  CC. 28 - 175 - 32E  COUNTY OR PARISH 13. STATE  LCA NM  PORTO  REPAIRING WELL  ALTERING CASING  ABANDONMENT*  IN COUNTY OR PRISH 13. STATE  ACCOUNTY OF PARISH 13. STATE  ACCOUNTY OR PARISH 13. STATE  ACCOU
OIL WELL OTHER  2. NAME OF OPERATOR  CONOCO INC.  3. ADDRESS OF OPERATOR  P.O. Box 460, Hobbs, N.M. 88240  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  10. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  11. PERMIT NO.  30 -025-2419(6  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Notice OF INTENTION TO:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  CHANGE PLANS (Other)	MCA  FARM OR LEASE NAME  MCA UNIT STATE  WELL NO.  3/8  FIELD AND POOL, OR WILDCAT  AJAMAT G/SA  SBC., T., B., M., OR REE. AND  SURVEY OF ARMA  CC. 28-175-32E  COUNTY OR PARISH 13. STATE  LCA NM  PARISH 13. STATE  ALTERING CASING  ABANDON MENT*  In Report and Log form.)  Indian setimated date of stating any
CONOCO INC.  3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  10. At surface  11. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Notice of Intention to:  TEST WATER SHUT-OFF PRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  (Other)  (Other)  (POLIC OF INTENTIONS (Clearly state all pertinent details, and give pertinent dates, inc proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical directionally drilled, give subsurface locations and measured and true vertical directionally drilled, give subsurface locations and measured and true vertical directionally drilled, give subsurface locations and measured and true vertical directionally drilled.	SEC., T., E., M., OR ELE. AND SURVEY OR ARMA  CC., 28 -175 - 32E  COUNTY OR FARISH 13. STATE  LCG. NM  OF Data  REPORT OF:  REPAIRING WELL  ALTERING CASING  ABANDONMENT*  In Report and Log form.)  Indian estimated data of starting any
P. O. Box 460, Hobbs, N.M. 88240  4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  10. See also space 17 below.)  At surface  11. PERMIT NO.  12. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Notice of Intention to:  TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  12. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, incorned to this work.)  13. ADDRESS OF OPERATOR SHOOT OF THE NAME	SEC., T., E., M., OR ELE. AND SURVEY OR ARMA  CC., 28 -175 - 32E  COUNTY OR FARISH 13. STATE  LCG. NM  OF Data  REPORT OF:  REPAIRING WELL  ALTERING CASING  ABANDONMENT*  In Report and Log form.)  Indian estimated data of starting any
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)  At surface  Uni + A  11.  25 FNL & 1295 FL  14. PERMIT NO.  30 -025-2419(0  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  16.  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Notice OF INTENTION TO:  SUBSEQUENT  BHOOT OR ACIDIZE  REPAIR WELL  (Other)  CHANGE PLANS  (Other)  (Other)	SEC., T., E., M., OR ELE. AND SURVEY OR ARMA  CC., 28 -175 - 32E  COUNTY OR FARISH 13. STATE  LCG. NM  OF Data  REPORT OF:  REPAIRING WELL  ALTERING CASING  ABANDONMENT*  In Report and Log form.)  Indian estimated data of starting any
20 -025-24196  16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Notice of Intention to:  Subsequent  PCLL OR ALTER CASING FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  Change Plans (Other)  Change Plans (Other)  Completion or Recompletion  (Other)  Completion or Recompletion  To describe Professed or Completed operations (Clearly state all pertinent details, and give pertinent dates, incorposed work. If well is directionally drilled, give subsurface locations and measured and true vertical directionally drilled, give subsurface locations and measured and true vertical directionally drilled.	REPAIRING WELL ALTERING CASING ABANDONMENT*  Insultiple completion on Well in Report and Log form.)
TEST WATER SHUT-OFF PCLL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)  CPAIR SOCT, Waterhall  TO ESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, incomproposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depairs of the completion of the comple	REPAIRING WELL ALTERING CASING ABANDONMENT*  Insultiple completion on Well in Report and Log form.)
TEST WATER SHUT-OFF  PCLL OR ALTER CASING  MULTIPLE COMPLETE  REPAIR WELL  (Other)  CPAIR SOFT, Waterhale  (Other)  (Note: Report results of Completion or Recompletion or Recompletion or Recompletion or Recompletion of Rec	REPAIRING WELL ALTERING CASING ABANDONMENT®  Insultiple completion on Well In Report and Log form.)
TEST WATER SHUT-OFF  PRACTURE TREAT  SHOOT OR ACIDIZE  REPAIR WELL  (Other)  CPAIR SUCH, Waterhold  (Other)  (Note: Report results of Completion or Recompletion or Recompletion or Recompletion of Recompleti	ALTERING WELL  ALTERING CASING  ABANDONMENT*  Insultiple completion on Well  In Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, inc proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical dinent to this work.)*	Inding estimated date of starting any
Bradenhead sqz the Csq-csq annulus as follows; a. Lead-in w/ Abbls salt saturated brine b. Pmp 2 bbl fresh wtr cushion c. Pmp 20 bbls Flochek d. Tail-in w/ 200 sxs class "H" cmt e. Dis place cmt thru wellhead w/ fresh wto Shut-in bradenhead value & install pop-off value of Return well to production.	
18. I hereby certify that the foregoing is true and correct  SIGNED  TITLE  Administrative Supervisor  (This space for Federal or State office use)  APPROVED BY	DATE 11-19-85

