

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME MCA Unit Bldg 2
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 324
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit L	10. FIELD AND POOL, OR WILDCAT Maljamar G/SA
14. PERMIT NO. 30-025-24235	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28-17S-32E
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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other)	

(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
- ② Rig up pmp truck to bradenhead valve
- ③ Run tracer survey
- ④ Bradenhead sqz the csg-csg annulus as follows:
 - a. Lead-in w/ 2 bbls salt saturated brine
 - b. Pmp 2 bbl fresh wtr cushion
 - c. Pmp 20 bbls Flo-Chek
 - d. Tail-in w/ 200 sxs class "H" cmt
 - e. Displace cmt thru wellhead w/ fresh wtr
- ⑤ Shut-in bradenhead valve & install pop-off valve set @ 800 psi
- ⑥ Return well to production

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

SIGNED [Signature]

TITLE Administrative Supervisor

DATE 11-20-85

(This space for Federal or State office use)

APPROVED BY [Signature]

TITLE

DATE 11/26/85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
NOV 27 1985
O.C.D.
HOBBS OFFICE