

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 Bty 2
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 326
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit P	10. FIELD AND POOL, OR WILDCAT Mahamar 6/5A
14. PERMIT NO. 30-025-24258	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-175-32E
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 1245' FSL & 50' FEL	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 ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Repair surface water flow</u> ☒	

(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, POOH w/pump. TOF @ 4063', 7' above RBP.
- ② Ran scraper to 3830'. Reset RBP @ 3803' and set pkr @ 3772'. Press. to backside to 500 psi. Ran tracer survey down surface.
- ③ Reset pkr @ 2636'. Pumped 20 bbls Flo-Chek, 2 bbls FW pad, 185 sxs class "H" w/ 3% CaCl₂. Displaced w/ 1/4 bbl wtr.
- ④ POOH w/pkr; WITH w/prod. equip. Rig down on 7-17-86.

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

SIGNED

[Signature]

TITLE Administrative Supervisor

DATE 7-21-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

RP
JUL 23 1986

*See Instructions on Reverse Side