

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI  
(Other Instructions  
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME MCA Unit 1, 2, 4
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 330
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit M	10. FIELD AND POOL, OR WILDCAT Mahamar G/SA
14. PERMIT NO. 30-025-24271	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-175-32E
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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <u>Repair collapsed csq &amp; stimulate</u> <input checked="" type="checkbox"/>	
(Other) <input type="checkbox"/>			

(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 on 10/1/85, Hit tight spot on top of fill. DO scale, paraffin. Tight spots from 2721'-2760'.
- ② Tagged & drilling @ 2721'. Drilled and reamed out to 2764'. POOH. Tagged @ 2764' drilled & reamed csq from 2764'-2772'. Tagged top of fill @ 3943', 223' of fill. POOH
- ③ Set RBP @ 3015'. Spot 2sxs on top. Set pkr @ 2510'. Cmt sqz csq 275'-2777' w/ 75 sxs class "H" cmt. Max sqz press. 250 psi. Press. test csq below pkr @ 500 psi for 5 min w/ no leaks. POOH w/ pkr.
- ④ Tagged TOC @ 2300'. DO to 2307' and fell thru to 2313'. Milled thru tight spot in csq from 2314'-2318'.
- ⑤ Set cmt retainer @ 2200', Pmp'd 50 sxs class "H" cmt w/ max sqz press. @ 460 psi
- ⑥ Drill out cmt retainer & cmt. Set cmt reti. @ 2006'. Cmt sqz leak from 2140'-2170' w/ 50 sxs class "H" neat w/ 2% CaCl<sub>2</sub>. WOC. Drilled cmt ret. & cmt to 2146', fell out of cmt and had utr flow. Resqueeze leak from 2140'-2170' w/ 60 sxs 25%/75% Cal-Seal class "H" cmt. w/ max sqz pressure @ 1050 psi. Tagged TOC @ 1925'. DO cmt to 2015'
- ⑦ Hook up wellhead and rig down on 10/26/85.

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 1-3-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:  
ACCEPTED FOR RECORD

JAN 7 1986

\*See Instructions on Reverse Side