

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-058395
2. NAME OF OPERATOR Conoco Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR		7. UNIT AGREEMENT NAME MCA Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1225' FSL and 2615' FEL Unit 6		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 327
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4004' GL		10. FIELD AND POOL, OR WILDCAT Maljamar G-SA
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 22, T17S, R32E
		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(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.)

It is planned to flow test the well, run production logs to find the source of CO₂ entry into the wellbore, and to repair a casing leak as outlined on the attached procedure.

RECEIVED
JUN 18 8 45 AM '90
OIL & GAS
AREA

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

SIGNED Jerry W. Moore

TITLE Regulatory Coordinator

DATE 6-14-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

Production Log/Repair Casing Leak
MCA 327
MRR No. 90080

Objective: Run a production log to determine the entry point of CO₂ into the MCA 327 wellbore and to repair a surface CO₂ leak. A brief procedure is below:

1. Return well to production to obtain a flow test.
2. Run a production log from 4164'-3730' to determine CO₂ entry.
3. Set plug in profile at 3730', blow down tubing, release on-off tool and pull out of hole with production tubing.
4. Pick up workstring, retrievable bridge plug and retrievable packer. Run in hole and find casing leak and establish injection rate.
5. Squeeze casing leak and wait on cement for 24 hours.
6. Drill out cement and test squeeze to 1500 psig. Resqueeze as necessary.
7. Pull out of hole with workstring and packer. Temporarily abandon well with retrievable bridge plug.

RECEIVED

JUN 18 8 46 AM '90
CARLO
AREA MANAGERS