

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction
verse side)

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Project File No. 1004-1
Expires Aug 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 <i>McA Unit</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Hobbs, NM 88240</i>	9. WELL NO. <i># 327</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1225/34 2000'</i> <i>Unit letter C</i>	10. FIELD AND POOL OR WILDCAT <i>Malinar (G-S)</i>
14. PERMIT NO. <i>30-025-24274</i>	11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA <i>Sec. 22, T17S, R32E</i>
15. ELEVATIONS Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE <i>Rea NM</i>

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 COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <i>Cleanout frac sup water flow</i> ☒	
(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.)

10-18-89 C.O. to 4170. Perf. 9th w/ 2 JS PF from 4082-4092.
Perf. 6th & 7th w/ 1 JS PF @ 3802-3810, 3816-3822, 3840-52, 3879-84,
3892-96, 3936-54, 4014-20, 4030-40. Spot 22 Bul 15% HCl.
Acidize 9th w/ 40 Bul 15% HCl-NE-FE. Frac. 6th & 7th
w/ 35,000 lbs 16-30 OTTOWA in two stages. Cleanout frac. Ann d.
Replace wellhead. Set RBP @ 1200'. Pump 150 sx 5 Class C^{MS} cmt.
w/ 2% Ca CL down 5 1/2" csg. Pressured up to 1000# & held
Drill out cmt. Run prod. equip.

Adm

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

SIGNED *W.W. Baker* TITLE *Administrative Supervisor* DATE *11-14-89*

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side