| Form 3 160-  |   | TED STATES   | FORM APPROVED   |  |  |
|--|---|--|---|--|--|
| (June 1990)  | DEFATIMEN   | T OF THE INTERIOR  | Budget Bureau No. 1004-0135<br>Expires: March 3 1 ,1993   |  |  |
|  | BUREAU OF L   | AND MANAGEMENT   | 5. Lease Designation and Serial No.   |  |  |
|  |   | AND REPORTS ON WELLS   | LC 0572100<br>6. If Indian, Allottee or Tribe Name  |  |  |
| Do not   | •   | Il or to deepen or reentry to a different reservoir.   |   |  |  |
|  |   | R PERMIT—" for such proposals  |   |  |  |
|  | SUBMIT  | 7. If Unit or CA, Agreement Designation  |   |  |  |
| 1. Type of<br>Oil<br>Wei   | Gas V Initiation Way  | 8. Well Name and No.   |   |  |  |
| 2. Name of   | Operator  | MCA Unit #302  |   |  |  |
| 3 Address  | Conoco Inc<br>and Telephone No.   | 9. API Well No.  |   |  |  |
| 10 DE  | STA DR. STE. 100W, MIDLAND,   | 30-025-24298<br>10. Field and Pool, or Exploratory Area  |   |  |  |
| 4. Location of Well (Footage. Sec., T. R. M. or Survey Description)  |   |  | Maljamar Grayburg/SA  |  |  |
|  | 510' FSL & 510' F   | 11. County or Parish, State  |   |  |  |
|  |   |  | Lea, NM   |  |  |
| ln   | CHECK APPROPRIATE BOX(  | s) TO INDICATE NATURE OF NOTICE, REPOR   | T, OR OTHER DATA  |  |  |
|  | TYPE OF SUBMISSION TYPE OF ACTION   |  |   |  |  |
| •  | Notice of Intent  | Abandonment  | Change of Plans   |  |  |
|  |   | Recompletion   | New Construction  |  |  |
|  | Subsequent Report   | Plugging Back  | Non-Routine Fracturing  |  |  |
|  |   | Casing Repair  | Water Shut-Off  |  |  |
|  | Final Abandonment Notice  | Altering Casing<br>Other Permanently Abandon Zone  | Conversion to Injection   |  |  |
|  |   | Other Permanently Roundon Zone   | Dispose Water<br>Note: Report results of multiple completion on Well  |  |  |
|  |   | pertinent details, and give pertinent dates, including estimated date of starting<br>al depths for all markers and zones pertinent to this work.)* | Completion or Recompletion Report and Log form.)<br>any proposed work. If well is directionally drilled,        |  |  |
| 5/24/00  | MIDIANUPOD and trait to valence po  | akar Daakar would not release. Release off on/off tool   | DOOLL w/twking Dottom isint   |  |  |
| 5/24/00 MIRU NUBOP and try to release packer. Packer would not release. Release off on/off tool. POOH w/tubing had a hole 8' from packer. On/off tool was also pitted. RIH w/packer and set @ 4000'; would not set. Pulled |   |  |   |  |  |
|  | set packer; did not stop flow. POOH w/packer and shut down.   |  |   |  |  |
| 5/25/00  |   | ested casing. Casing held O.K. POOH w/tubing and pa  |   |  |  |
| 5/26/00  | 4015'. Circulated packer fluid and tested to 500# for 30 minutes. Held O.K. POOH w/tubing and shut down. NDBOP RDMO |  |   |  |  |
|  |   |  |   |  |  |
| 6/26/00  |   | r and dumped 3 sx of cement, 35' on top of CIBP. RDM   | 10  |  |  |
| 0/20/00  | Re same services and Riff would   |  |   |  |  |
|  | e is now permanently abandoned, leav<br>nd attached the chart ran before dumpi                                      | ing open options for an uphole recompletion vs. pluggin ng cement.   | g the entire wellbore at this time.   |  |  |
|  |   |  | ,<br>•  |  |  |
| This Approval of Temporary   |   |  |   |  |  |
|  |   |  | Provinsi Martin Annual Sanga annual Annual Sanga annual Annual Sanga annual Annual Sanga annual Annual Annual A |  |  |
|  |   |  |   |  |  |
| 14. I hereby   | cervify that the foregoing is true and correct  | Reesa R. Wilkes  |   |  |  |
| Signed _   | Vilesa WURES  | Title Sr. Staff Regulatory Assistant   | Date7/7/00  |  |  |
| (This spi  | ace for Federal or State office use)  |  |   |  |  |
| Approved by Title Date   |   |  |   |  |  |
|  | MOCD(3), SHEAR, PONCA, COST ASST,   |  |   |  |  |
|  |   | TILE ROOM, FIELD   | tates any false, fictitious or fraudulent statements  |  |  |
|  | tions as to any matter within its jurisdiction.   | · · · · · · · · · · · · · · · · · · ·  |   |  |  |

| JCSN | G | WW |
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