

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR...
(Other instructions on re-
verse side)

LEASE DESIGNATION AND SERIAL NO.
LC-057210
9. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Injection
2. NAME OF OPERATOR Conoco Inc.
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs NM 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
Unit P 510/2 & E
At surface

7. UNIT AGREEMENT NAME MCA Unit Bty 3
8. FARM OR LEASE NAME
9. WELL NO. #302
10. FIELD AND POOL, OR WILDCAT Magamar G-5A
11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
27-175-32E
12. COUNTY OR PARISH Lea 13. STATE Nm

14. PERMIT NO. 30-025-24298 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Casing Integrity Test
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

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.)

A casing integrity test was run on this well 2-12-90 (see attached chart). This test was run in compliance with NMOC Rule 704.

ACCEPTED FOR RECORD

Adm

JUN 05 1990

CARLSBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNED H.A. Ingram TITLE Conservation Coordinator DATE 5/21/90
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

(6)BLM (3)OCD

*See Instructions on Reverse Side (1)File

PRINTED IN U.S.A.

DAY

NIGHT

CALIBRATED
CHARTS
BATAVIA, N.Y.

MCA #302

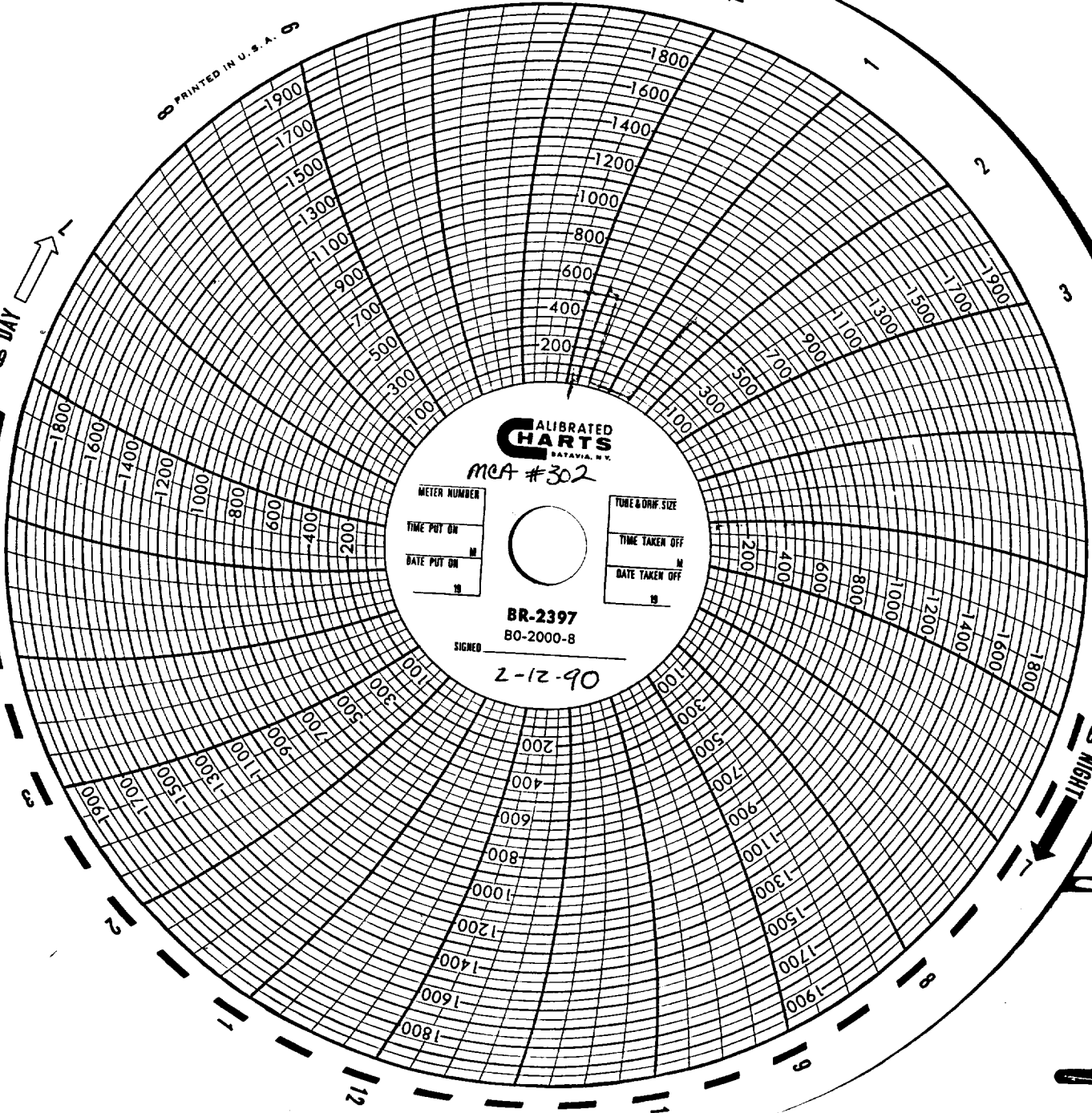
METER NUMBER
TIME PUT ON
DATE PUT ON

TUBE & DRIF. SIZE
TIME TAKEN OFF
DATE TAKEN OFF

BR-2397
80-2000-8

SIGNED

2-12-70



CONOCO INC. MCA

Well No. MCA# 302 Date 2-12-90

Pecker Depth 4045' T.P. 0#

Reason For REPAIR COMMUNICATIONS

The Test _____

Witness [Signature]

RECEIVED

JUN 11 1993

MOBBS