

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

| | |
|--|---|
| 1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 5. Lease Designation and Serial No. LC 058697 B |
| 2. Name of Operator Conoco, Inc. (915) 686-5424 | 6. If Indian, Allottee or Tribe Name |
| 3. Address and Telephone No. 10 Desta Dr., Suite 100W, Midland, Texas 79705 (915) 684-6381 | 7. If Unit or CA, Agreement Designation |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1345 FNL & 25 FWL Sec. 25, T-17-S, R-32-E | 8. Well Name and No. MCA Unit #334 |
| | 9. API Well No. 30-025-24368 |
| | 10. Field and Pool, or Exploratory Area Maljamar Gray SA |
| | 11. County or Parish, State Lea County, N.M. |

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

| TYPE OF SUBMISSION | TYPE OF ACTION |
|---|---|
| <input type="checkbox"/> Notice of Intent | <input type="checkbox"/> Abandonment |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Recompletion |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Plugging Back |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> Altering Casing |
| | <input checked="" type="checkbox"/> Other Acid / Frac |
| | <input type="checkbox"/> Change of Plans |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Non-Routine Fracturing |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Conversion to Injection |
| | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

7-12-95: Set RBP @ 4145', tested to 2000 psi, held good. Set packer @ 3890', acidized w/1500 gals 15% NEFE acid. Fraced well w/27,000 gals Spectra Frac G 3500, w/60,000 # 16/30 Brady Sand and 32,000 # 16/30 LC Resin Sand.

7-13-95: Bailed sand down to 4120'.

7-18-95: POOH w/RBP. Ran in hole w/pump and rods. Hung well on.

RECEIVED
FEB 13 10 44 AM '96
CARRIZO
AREA

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

Signed 

Title Ann E. Ritchie
Regulatory Agent

Date 2-9-96

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____