

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 88240

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-058697B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MPA Unit Bly 4

8. FARM OR LEASE NAME

9. WELL NO.

#344

10. FIELD AND POOL OR WILDCAT

Maljamar GB-8A

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 25, T17S, R32E

12. COUNTY OR PARISH

Olea NM

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 ☐
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.)
At surface Unit G 1345/8+E

14. PERMIT NO. 30-025-24498

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

9/7/89 Swaged out casing. Mill went collapsed casing. D.O. to 4376'.
Run 21 jts of 4 1/2" 10.5" FL-45 casing. Cement w/50 sks 50/50
poz Class "C" cement w/0.7% CACL, .2% TF-44. 5% CF17.
TOL @ 3573'. D.O. cement. Perf. from 4245-4344 w/55 shots
1 JS PF and from 4084 - 4173 w/45 shots. 1 JS PF. Acidize
w/85 Bbls 16% HCl NE FE. Frac Grayburg 6th & 7th
San Andres. Swabbed. Return to production.

100-105000-0000

OCT 6 1989

Adam
CARLSBAD, NEW MEXICO

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

SIGNED W. W. Baker

TITLE Administrative Supervisor

DATE Oct 23, 1989

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED

NOV 7 1989

**OCD
HOBBS OFFICE**