

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N^o 110
1560
HOL NM

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

5. Lease Designation and Serial No.

LC 029509B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

MCA Unit, Well #345

9. API Well No.

30-025-24499

10. Field and Pool, or Exploratory Area

Maljamar (G-SA)

11. County or Parish, State

Lea, NM

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

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

CONOCO INC.

3. Address and Telephone No.

10 DESTA DR. STE. 100W, MIDLAND, TX. 79705-4500 (915) 686-5424

4. Location of Well (Footage, Sec., T. R. M. or Survey Description)

2515' FSL & 1345' FEL, Sec. 22, T 17S, R 32E, Unit Ltr. 'J'

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

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Repon
☐ Final Abandonment Notice

TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other **Renew TA Status**

☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracuring
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Repon result of multiple completion on Wdl 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.)*

8-27-97 MIRU circulate packer fluid test Casing for 30 Min, held, cut chart (copy attached). Please renew the TA status for the above listed well.

We desire to retain this wellbore while we continue to evaluate the potential for Queen production in this general area. This evaluation should be completed within the next 12 months.

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

Signed

Bill R. Keathly

Title

Sr. Regulatory Specialist

Date

9-25-97

(This space for Federal or State office use)

Approved by

(ORIG. SCD) ALEXIS C SWOBODA

Title

PETROLEUM SERVICES

Date

SEP 27 1997

Conditions of approval if any

BLM(6), NMOCD(1), SHEAR, PONCA, COST ASST, FILE ROOM

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

