

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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(Other Instruc.
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LOCATE*
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Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 ☒ <u>Injection</u>	7. UNIT AGREEMENT NAME <u>MCA Unit</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME <u>MCA Unit Bty 4</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. WELL NO. <u>350</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>2615' FSL & 1295' FWL ~ Unit Letter L</u>	10. FIELD AND POOL, OR WILDCAT <u>Maljamas G-SA</u>
14. PERMIT NO. <u>30-025-24546</u>	11. SEC., T., & M., OR BLK. AND SURVEY OR AREA <u>26-175-32E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
(Other) <u>Shut-In Notice</u>	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion or Recompletion Report and Log form.)
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

A casing integrity test was run 12-6-89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.

APPROVED BY 12/15/89

ENDING 1/1/91

RECEIVED

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

SIGNED

William W. Baker

TITLE Administrative Supervisor

DATE 12/15/89

(This space for Federal or State office use)

Orig. Signed by Adam Solameh

APPROVED BY

TITLE ADMINISTRATIVE SUPERVISOR

DATE 1-5-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

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.

BLM-Hobbs(6) File

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