

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction
verse side)

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>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-058699</u>
2. NAME OF OPERATOR <u>CONOCO INC.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	7. UNIT AGREEMENT NAME <u>MCA</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit L</u>	8. FARM OR LEASE NAME <u>MCA Unit Bty 4</u>
	9. WELL NO. <u>350</u>
	10. FIELD AND POOL, OR WILDCAT <u>Maljamar 6/5A</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 26-17S-32E</u>
14. PERMIT NO. <u>30-025-24546</u>	12. COUNTY OR PARISH 13. STATE <u>Lca NM</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>2615' FSL & 1295' FWL</u>	

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)

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.)*

- ① MIRU. Shot 4 holes @ 800'. Set pkr @ 762'. Load & test backside to 500 psi. Pumped 20 bbls Flo-Chck & 2 bbls FW spacer.
- ② POOH w/ pkr. Ran scraper to 1000'. Set pkr @ 830'. Spotted 1 bbl 15% Hch acid across sqz. POOH w/ pkr. Set cmt retainer @ 767'.
- ③ Pumped 225 sxs Thix-o-tropic class "H" cmt w/ 2% CaCl₂. Left 4' cmt on top of retainer.
- ④ DO cmt to 814' and fell out. Shot 1 perf @ 1775'. Set pkr @ 1687'. POOH w/ pkr. Set cmt ref @ 1687'. Pumped 25 bbls Flo-Chck followed by 200 sxs Thix-o-tropic class "H" cmt. WOC.
- ⑤ Drill cmt & retainer from 1685'-1730'. POOH w/ RBP.
- ⑥ Return to injection. Rig down on 12/4/86. ACCEPTED FOR RECORD

MAR 25 1987

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

CARLSBAD, NEW MEXICO

BY DE FINNEY

TITLE Administrative Supervisor

DATE 3-6-87

FOR APPROVAL OF FEDERAL OR STATE OFFICE USE:

APPROVAL OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

This document, when used, 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-Carlsbad (6) ARCO (2) Cities (1) Petro-Lewis (1) NMOC-Hobbs (3) FI

RECEIVED
MAR 27 1987
OCD
HOBBS OFFICE