

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO

Header Bureau No. 1004-0135
Expires August 31, 1985

LEAST DESIGNATION AND SERIAL NO.

LC-058699

IS INDIAN ALLOTTEE OR TRIBE NAME

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. WELL TYPE ☐ OIL WELL ☐ GAS WELL ☐ OTHER Injection Shut-in	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME MCA Unit Bty 4
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 350
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit L	10. FIELD AND POOL, OR WILDCAT Malvamar G/SA
14. PERMIT NO. 30-025-24546	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-175-32E
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH Lea
	13. STATE NM

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 COMPLETION

ABANDON*

CHANGE PLANS

repair csq leak

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 and 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 MREV. Set RBP @ 2600' & test to 1360 psi surface press.
- ② Perf @ 800' w/ 4 JSPF. Establish a pump-in rate. Engineering will provide the exact amount of cmt needed to repair leak before cementing takes place.
- ③ Set pkr @ 500' & pump cmt. WOC 24 hrs. Drill out cmt to ± 8 1/2". Press. test csq to 500 psi.
- ④ POOH w/ RBP. GITH w/ inj. equipment & set inj. pkr @ 3615'. Press. test to 500 psi. Return well to inj. & rig down

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

S. NED

TITLE

Administrative Supervisor

DATE

9-16-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

9-24-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Section 1061, makes it a crime for any person knowingly and willfully to make to any department or agency any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM-Carltsbad (6) ARCO (2) Cities (5) PLC (1) File