

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN TRIPL
(Other instructions
verse side)
88270

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME MCA Unit Bldg 4
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 351
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit H	10. FIELD AND POOL, OR WILDCAT Malamar G/SA
14. PERMIT NO. 1485' FNL & 1225' FEL 30-025-24547	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26-175-32E
15. ELEVATIONS (Show whether DF, RT, GR, 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Reperf & stimulate	

(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 on 10/3/85, Tagged top of fill @ 4308'
- ② set RBP @ 4006' & 4000', test csq above csq to 1000 psi for 5 min w/ no leaks
- ③ POOH w/ RBP & PKR; GIH & reperf @ 4016', 17', 18', 19', 20', 21', 22', 28', 33', 36', 37', 38', 39', 40', 47', 48', 49', 54', 55', 56', 57', 58', 59', 60', 66', 74', 79', 81', 86', 87', 88', 89', 90', 4104'-4124' w/ 2 JSPF for total of 108 holes.
- ④ GIH w/ csq gun & reperf @ 4131', 4143', 54', 4178'-4184', 4188', 4196', 4226', 4230', 4236'-4238', 4241', 4245', 4253', 4257', 4265', 4268' w/ 2 JSPF for a total 46 holes
- ⑤ Acidized perfs 4016'-4154' w/ 88 bbls 15% HCL-NE-FE and acidized perfs 4178'-4268' w/ 24 bbls 15% HCL-NE-FE.
- ⑥ Rig down and place back on production 10/25/85; test pumped 36 BO & 330 BW in 24 hrs

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 12-13-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
ACCEPTED FOR RECORD

[Signature]
DEC 19 1985

*See Instructions on Reverse Side

RECEIVED
DEC 20 1985
C.C.D.
HOBBS OFFICE