

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
MEXICO 88240

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 Unit
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. 351
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1485' FNL & 1225' FEL	10. FIELD AND POOL, OR WILDCAT Malamar G/SA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
11. SEC. T., E., M., OR BLK. AND SURVEY OR AREA Sec 26-17S-32E	12. COUNTY OR PARISH Lea
	13. STATE NM

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 checked="" type="checkbox"/>
(Other) <u>repair surf. wf</u>	

(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.)*

MIRU 1/8/85. Set pkr @ 2022'. Pmpd 2 bbls salt saturated brine, 2 BFW, 20 bbls Flow-Chek & 147 sxs class "H" cmt. w/3% CaCl₂. Rel pkr. Ran producing equipment & returned well to prod.

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

SIGNED David J. Smylie

TITLE Administrative Supervisor

DATE 1/23/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

JAN 29 1985

*See Instructions on Reverse Side

RECEIVED

FEB -1 1985

O.C.D.
HOBBS OFFICE