

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other than abstracting
verse also submit 1 copy)

Form approved
Budget Bureau No. 1004-0-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-058697B

6. IF 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. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Conoco Inc.
3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs NM 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1345/14 + 25/E unit H
SE/4 of NE/4

14. PERMIT NO.
30-025-2457400
15. ELEVATIONS (Show whether DF, RT, GR, etc.)

7. UNIT AGREEMENT NAME

MCA Unit Bty 4

8. FARM OR LEASE NAME

9. WELL NO.

#352

10. FIELD AND POOL OR WILDCAT

Maljamar G-SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 25, T17S, R32E

12. COUNTY OR PARISH 13. STATE

Lea NM

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) ☒ Repair Surface Waterflow

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. MIRR. Unseat pump, POH. GIH w/5-1/2" 1ck-set RBP, 5 1/2" model "R" pkr. Set plug at 4070'. Set packer at 4015'. RLL pump truck. Pump 40 Bbls. Reset plug at 4005' and reset packer at 3952'. Rig pump truck to csg. and pumped off load. Tested to 1000 ps and held. No flowback. Rel. pkr. Latched + rel. RBP + POH. Install prod. equip. RD

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

SIGNED W.W. Baker TITLE Administrative Supervisor DATE July 17, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

AUG 8 1989

OCB
HOBBS OFFICE