

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other District)
verse side)

Budget Bar on No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

LC-057210
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 *1751/8 + 26151/4*
Unit letter N

7. UNIT AGREEMENT NAME

MCA Unit Bty 3
8. FARM OR LEASE NAME

9. WELL NO.

353

10. FIELD AND POOL OR WILDCAT

Maljamar (GSA)

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

Sec. 27, T175, R32E

12. COUNTY OR PARISH 13. STATE

Olea NM

14. PERMIT NO. *30-025-24583* 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☒
(Other) *Cleanout + frac*

(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.)

*10-25-89 Cleanout to 4300'. Perf. 1 JSPP @ 4248-38, 4236-4232,
4229-4227, 4225-4223, 4218-4216, 4213-11, 4209-07, 4193-91, 4178-72,
4162-59, 4156-53, 4150-48, 4145-41, 4134-32, 4117-11, 4105-03, 4100-4098,
4091-96, 4088-84, 4080-78, 4074-69, 4065-63, 4055-53, 4049-47.
Acidize w/115 Bbl 15% HCL-NE-FE acid. Frac. w/58,000 #16/30
sand. Swab. Cleanout. Rem prod. Equip*

Adm

NOV 17 1989

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NOV 16 11:02 AM '89

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

SIGNED

W. N. Baker

TITLE

Administrative Sup'r

DATE

11-14-89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side