	rorm approved.
Form 3160-5 UI ED STATES SUBMIT IN TRI	Budget Bureau No. 1004-0135 Expires August 31, 1985
Formerly 9-331) DEPARTMENT OF THE INTERIOR verse and of the control of the contro	5. LEASE DESIGNATION AND SERIAL NO.
BUREAU OF LAND MANAGEMENT	LC-029405A
SUNDRY NOTICES AND REPORTS ON WELLS	6. IF INDIAN, ALLOTTEE OF TRIBE NAME
(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir	r.
Use "APPLICATION FOR PERMIT—" for such proposals.)  1.	7. UNIT AGREEMENT NAME
OIL CAS C	(man)1 t
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
Conoco Inc.	mcallant
3. ADDRESS OF OPERATOR	9. WELL NO.
P.O. Box 460 - Hobbs, New Mexico 88240	358
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)	10. FIELD AND POOL, OR WILDCAT
At surface	Gaish Maljaman Remains
660 FEL & 2600 FNL - Unit Letter H	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
obo i in i	20-175-32E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
30-025-26606	Lea mm
16. Check Appropriate Box To Indicate Nature of Notice, Repo	ort, or Other Vata
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	mepairing well
FRACTURE TREAT  MULTIPLE COMPLETE  FRACTURE TREATME	NT ALTERING CASING
SHOOT OR ACIDIZE ABANDON* SHOOTING OR ACIDE	ZING ABANDONMENT*
REPAIR WELL CHANGE PLANS (Other) (NOTE: Repoi	rt results of multiple completion on Well
(Other) Completion of 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertine	Recompletion Report and Log form.)
proposed work. If well is directionally drilled, give subsurface locations and measured and tr nent to this work.) •	ue vertical depths for all markers and zones perti-
1. MIRU. POOH w/tbg subs.	
· · · · · · · · · · · · · · · · · · ·	
2. Go in chole w/ Abg, Land at 3550.	
3. Circulate 157 Dols mud. Pick up to 1	
10 1 sous mud. Fick up to 1	00,
4. Spot a 100' cement plug. Pump 25 sxs	(1) 2 - 1 (2" 4 )
5 0 1 00 and ( ) is the 25 5x3	coss contact coments
3. Cut of wellhead and install PIA m	arker.
ell was 1 P H · P /- D	
gayou need fluster enformation ple	ase call Carey Dan
5. Cut off wellhead and install P&A m If you need further information ple ; at 393-4141.	9
/7	
16. : Gereur certify that the foregoing is true and correct	
	ervisor
TITLE Administrative Sup	DATE 7/XU/33
The space in sederal or State office use;	
TITLE	DATE 5.31.88
COMMITTONS OF APPROVAL, IF ANY: 125	DRIE

\*See Instructions on Reverse Side