

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW 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"/> | 5. LEASE DESIGNATION AND SERIAL NO. LC-029405(B) |
| 2. NAME OF OPERATOR CONOCO INC. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240 | 7. UNIT AGREEMENT NAME MCA |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit I | 8. FARM OR LEASE NAME MCA Unit Bly 2 |
| 14. PERMIT NO. 30-025-27064 | 9. WELL NO. 361 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2449' FSL & 891' FEL | 10. FIELD AND POOL, OR WILDCAT Maljamar 6/5A |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-17S-32E |
| | 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"/> temporary abandon | |

(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 6-30-86. POOH w/ prod. equip & pkr
- ② Tag @ 4087'. (TD @ 4110') Pull up to 4083'. Circ. hole w/ 250 bbls TFW.
- ③ Spot 30 bbls class "C" cmt across perms from 3505'-4087'. Spotted 1/2" pea gravel on top of cmt.
- ④ Tag pea gravel @ 3320'. Set CIBP @ 3315'. Tag CIBP, circulate ph fluid. Press. test to 500 psi, held OK
- ⑤ Rig down on 7-9-86.

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

SIGNED Carol O. Garbano TITLE Administrative Supervisor DATE 7-18-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ ACCEPTED FOR RECORD

RP
JUL 24 1986

*See Instructions on Reverse Side