

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

SUBMIT IN TRI-ATM  
(Other instructions on re-  
verse side)

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"/>                                                                                                                | 7. UNIT AGREEMENT NAME<br>MCA                                       |
| 2. NAME OF OPERATOR<br>CONOCO INC.                                                                                                                                                               | 8. FARM OR LEASE NAME<br>MCA Unit Bty 2                             |
| 3. ADDRESS OF OPERATOR<br>P. O. Box 460, Hobbs, N.M. 88240                                                                                                                                       | 9. WELL NO.<br>361                                                  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>Unit I<br>891' FEL & 2449' FSL<br>990' FEL & 2447' FSL | 10. FIELD AND POOL, OR WILDCAT<br>Matlamar 6/SA                     |
| 14. PERMIT NO.<br>30-025-27064                                                                                                                                                                   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 20-17S-32E |
| 15. ELEVATIONS (Show whether DF, ST, OR, etc.)                                                                                                                                                   | 12. COUNTY OR PARISH<br>Lea                                         |
|                                                                                                                                                                                                  | 13. STATE<br>NM                                                     |

16. 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 COMPLETION  
ABANDON\*  
CHANGE PLANS

temporary abandon ✓

SUBSEQUENT REPORT OF:

WATER SHUT-OFF  
FRACTURE TREATMENT  
SHOOTING OR ACIDIZING  
(Other)

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 MRO, Kill well if necessary
- ② Retrieve pkr @ 3930'
- ③ Tag PBTD @ 4110'. Spot 153 sxs class "C" cmt from 4110' to 3650'.  
Spot 1sx pea gravel on top of cmt
- ④ Set CIBP @ 3647'. Circ. 225 bbls 11 lb/gal CaCl<sub>2</sub> brine.
- ⑤ Clean location. Rig down

APPROVED FOR 12 MONTH PERIOD  
ENDING 5/23/87

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

SIGNED

*Kevin L. Vogel*

TITLE Administrative Supervisor

DATE 5-19-86

(This space for Federal or State office use)

Orig. Spd. Station S. 7. 1/2

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

5-23-86

\*See Instructions on Reverse Side

RECEIVED - 10/11/11  
MICH

RECEIVED  
MAY 20 1986  
FBI - MEMPHIS