

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TO
(Other instructions
verse side)

CATE
on re

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-029405B

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.)

OCT 19 11 07 AM '88

CARLSBAD RESOURCE
AREA HEADQUARTERS

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Conoco Inc.

3. ADDRESS OF OPERATOR
P.O. Box 460 - Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

2442' F#L ^S 432' F#L ^E - Unit Letter I

7. UNIT AGREEMENT NAME

MCA Unit

8. FARM OR LEASE NAME

MCA Unit Bly 2

9. WELL NO.

362

10. FIELD AND POOL, OR WILDCAT

Malyamar C-S A

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

20-17S-32E

14. PERMIT NO.

30-025-27065

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

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

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☐
☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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 toes pertinent to this work.)*

MIRU. GIHW/workstring to 3500'. Circ 185. Dbls salt gel to surface. Pull Hg to 100'. Circ cement to surface. POOH. Rig down. Cut off casing. Install P&A marker on 8/26/88.

I hereby certify that the foregoing is true and correct

Signature of *John Finney* J. FINNEY

TITLE Administrative Supervisor

DATE October 17, 1988

Signature of *John Finney* J. FINNEY

TITLE Administrative Supervisor

DATE 10-31-88

Signature of *John Finney* J. FINNEY

TITLE Administrative Supervisor

DATE 10-31-88

APPROVED BY: *John Finney*
Signature of *John Finney* J. FINNEY
Surface location of well is indicated.

*See instructions on Reverse Side

✓
RECEIVED BY: *John Finney* J. FINNEY

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