

UNITED STATES M. OIL COM. COMMISSION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 83240

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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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME <i>MCA Unit</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>	8. FARM OR LEASE NAME <i>MCA Unit</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Hobbs, New Mexico 88240</i>	9. WELL NO. <i>364</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>24941 N</i> <i>2564 FSH 544' FEL-Unit Letter H</i>	10. FIELD AND POOL, OR WILDCAT <i>Maljarian G-SA</i>
14. PERMIT NO. <i>30-025-27067</i>	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

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 COMPLETE

ABANDON*

CHANGE PLANS

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.)

MIRU. Tag retained at 3510'. Circ 100 bbls salt gel. Pull up hole to 815'. Spot 17 sxs "C" meat to 655'. Pull up hole to 50', spot 5 sxs "C" to surface. Cutoff csq. Install P&A marker on 11/22/88.

RECEIVED
DEC 12 9 50 AM '88
CARTER
AREA

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

SIGNED *[Signature]* *DIFFNEY*

TITLE *Administrative Supervisor*

DATE *December 8, 1988*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE *12-13-88*

Liability under this Act retained until
surface restoration is completed.

*See Instructions on Reverse Side