

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR
(Other instructions
verse side)

DATE
OR

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

LEASE DESIGNATION AND SERIAL NO.

RECEIVED

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 06 AM '88

CARL...
AREA...

7. UNIT AGREEMENT NAME

MCA Unit

8. FARM OR LEASE NAME

MCA Unit Bty 2

9. WELL NO.

359

10. FIELD AND POOL, OR WILDCAT

Melamar G-5A

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

20-17S-32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

426' FEL & 2366' FNL - Unit Letter H

14. PERMIT NO.

30-025-27076

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

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 tools per-
nent to this work.)

MIRU. G1H w/ working to 3160'. Circ 185 lbs salt gel
to surface. Pull Hq to 100', circ cement to surface
POOH. Rig down cut off casing. Install P&A marker
on 8/29/88

and certify that the foregoing is true and correct

Signature of Operator

TITLE Administrative

DATE October 17, 1988

Signature of State

TITLE

DATE

Signature of Approval

TITLE

DATE 10-31-88

Approved as to accuracy of this well bore.

Liability under bond is retained until

survey restoration is completed.

The instructions on Reverse Side