

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other, instruction
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 ☒ GAS WELL ☐ OTHER ☐	7. UNIT AGREEMENT NAME MCA
2. NAME OF OPERATOR CONOCO INC.	8. FARM OR LEASE NAME MCA Unit Bty 2
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240	9. WELL NO. 359
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit H	10. FIELD AND POOL, OR WILDCAT Maljamar G/SA
14. PERMIT NO. 426' FEL & 2366' FNL 30-025-27076	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-175-32E
15. ELEVATIONS (Show whether OF, RT, OR, 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
PULL OR ALTER CASING	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDONMENT*	☐
REPAIR WELL	☐	(Other)	☐
(Other)	temporarily 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 MRO, kill well if necessary
- ② Retrieve pkr @ 3850'
- ③ Tag PBTD @ 4106'. Spot 152 sxs class "C" cmt from 4106' - 3650'. Spot 1sx pea gravel on cmt.
- ④ Set CIBP @ 3647'. Circ. 225 bbls 11lb/gal CaCl₂ brine. POOH
- ⑤ Clean location and rig down

APPROVED FOR ¹² MONTH PERIOD
ENDING 5/23/87

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

SIGNED *[Signature]*

TITLE Administrative Supervisor

DATE 5-19-86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 5-23-87

*See Instructions on Reverse Side