

UNIT STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse 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"/> OTHER <input type="checkbox"/>  |  | 5. LEASE DESIGNATION AND SERIAL NO.<br><b>LC-02245(A)</b>                  |
| 2. NAME OF OPERATOR<br><b>CONOCO INC.</b>   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                                       |
| 3. ADDRESS OF OPERATOR<br><b>P. O. Box 460, Hobbs, N.M. 88240</b>   |  | 7. UNIT AGREEMENT NAME<br><b>MCA Unit</b>                                  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><b>1200' FNL &amp; 1580' FEL</b> |  | 8. FARM OR LEASE NAME<br><b>MCA Unit</b>                                   |
| 14. PERMIT NO.  |  | 9. WELL NO.<br><b>365Y</b>   |
| 15. ELEVATIONS (Show whether DF, ST, GR, etc.)  |  | 10. FIELD AND POOL, OR WILDCAT<br><b>Maljamar G/SA</b>                     |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>Sec. 29-17S-32E</b> |
|   |  | 12. COUNTY OR PARISH<br><b>Lea</b>   |
|   |  | 13. STATE<br><b>NM</b>   |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PULL OR ALTER CASING

☐  
☐  
☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
☐  
☐

REPAIRING WELL

☐  
☐  
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other) **set intermediate csq**  
(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.)\*

Ran 53 jts. 10<sup>3/4</sup>", 45.5", K-55, ST&C esg set @ 2150'. Cemented in 2 stages w/total of 724 sxs class "C" + 1% CaCl<sub>2</sub> mixed w/nitrogen, 204 class "C" + 2% CaCl<sub>2</sub> & 18% salt and 400 sxs class "C" + 2% CaCl<sub>2</sub>. Circ. 25 sxs to surface. WOC.

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

SIGNED

*David A. Smyth*

TITLE

Administrative Supervisor

DATE

1/14/85

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

JAN 16 1985

\*See Instructions on Reverse Side