

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions on re-
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
3. ADDRESS OF OPERATOR P.O. Box 760 Hobbs, NM 88240	9. WELL NO. 369
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit E	10. FIELD AND POOL, OR WILDCAT Marjama GSA
14. PERMIT NO. 30-025-29853	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29-17S-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 1395' FNL & 1295' FNL 3937 GL	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

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.)

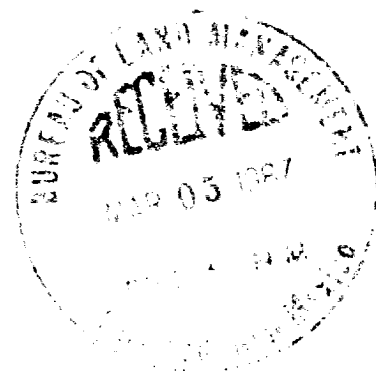
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

Ran 13 hrs of 13 3/8" 61# casing and set at 600'. Cement with lead slurry of 320 sxs class "C" w/ 12% CaCl₂. Circ 200 sxs and wait on cement 24 hrs.

ACCEPTED FOR RECORD

MAR 09 1987

Jm
CARLSBAD, NEW MEXICO



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

SIGNED *[Signature]* D.F. FINNEY

TITLE Administrative Supervisor

DATE 3-3-87

Space for Federal or State office use

COPIES OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side