

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI- ATE
(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 460, Hobbs, N.M. 88240	9. WELL NO. 367
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit 0 75' JSW + 1495' JEL	10. FIELD AND POOL, OR WILDCAT Maljamar G/SA
14. PERMIT NO. 30-025-29855	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-175-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4005' 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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☒
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Set Surface Casing</u>	

(Other) Set Surface Casing
(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 13-3/8", 54.5 #, K-55 8rd csg., shoe at 397'. Pmpd lead string of cmt of 200 sf class C w/4% gel. Tail string of 150 sf class C w/2% CaCl₂, 132 sf cmt return. Bumped plug, cut off 13-3/8" csg, weld on surface head.

ACCEPTED FOR RECORD

MAY 14 1987

CARLSBAD, NEW MEXICO

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

SIGNED D. E. Finney
(This space for Federal or State office use)

TITLE Administrative Supervisor

DATE May 6, 1987

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side