

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(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 ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. LC-059001
2. NAME OF OPERATOR Conoco Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, New Mexico 88240	7. UNIT AGREEMENT NAME MCA
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit F	8. FARM OR LEASE NAME MCA Unit
14. PERMIT NO. 30-025-29955	9. WELL NO. 371
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 1355' FNL & 1330' FWL 3926' GR	10. FIELD AND POOL, OR WILDCAT Malsamar 6/5A
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33 - 17S - 32E
	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) Set prod. csg	(Other) 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.)

Set 102 jts, 7", 26#, K-55, production csg @ 4250'. Cemented 1st stage 1975 sxs class "H" & 50/50 Pozmix class "C". Cemented 2nd stage w/ 575 sxs 50/50 Pozmix class "C". Had 83 sxs return to surface.

RECEIVED
SEP 21 8 16 AM '87
CARLSBAD DISTRICT OFFICE
BUREAU OF LAND MANAGEMENT

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 9-15-87

COPIES FOR FEDERAL OR STATE OFFICE USE:

APPROVAL OF _____ TITLE _____ DATE _____

COMMENTS OF APPROVAL, IF ANY:

*See instructions on Reverse Side

RECEIVED

OCT 8 1987

OCD

HCBS OFFICE