

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(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, New Mexico 88240	9. WELL NO. 371
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit F	10. FIELD AND POOL, OR WILDCAT Mahamar G/SA
14. PERMIT NO. 1355' FNL & 1330' FWL 30-025-29955	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33-17S-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3926' GF	12. COUNTY OR PARISH Lea
	13. STATE NM

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 intermed. csg	

(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.)*

Set 11 3/4", H7#, K-55 intermediate csg @ 2196'. Cemented w/1275 sxs class "C" and had 320 sxs return to surface.

ACCEPTED FOR RECORD

SJS
AUG 31 1987

CARLSBAD, NEW MEXICO

Aug 26 10 59 AM '87
CARLSBAD RESOURCE
AREALABORATORS

RECEIVED

I hereby certify that the foregoing is true and correct

SIGNED DF FINNEY

TITLE Administrative Supervisor

DATE 8/25/87

(This space for Federal or State office use)

APPROVAL OF
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

BLM-Carlsbad (6) File

RECEIVED

SEP 8 1987

OC0
HOBBS OFFICE