

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. 372
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1226' FSL & 1310' FEL	10. FIELD AND POOL, OR WILDCAT Maljamar 6/5A
14. PERMIT NO. 30-025-29956	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-175-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3985'	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 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 44 jts 11 3/4", 47#, K-55, intermediate csq @ 2000'. Cemented w/930 SXS Class "C" w/ 290 sxs returned to surface.

ACCEPTED FOR RECORD

OCT 1 1987

SJS

CARLSBAD, NEW MEXICO

SEP 21 8 28 AM '87
CARLSBAD DISTRICT
AREA HEADQUARTERS

RECEIVED

I hereby certify that the foregoing is true and correct

SIGNED DF FINNEY

TITLE Administrative Supervisor

DATE 9-15-87

(This space for internal or State office use)

APPROVAL

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side

Section 106 of the National Historic Preservation Act, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

BLM - Carlsbad (6) File