

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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. 373
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1330' FWL & 1280' FWL Unit E	10. FIELD AND POOL, OR WILDCAT Maljamar 6/5A
14. PERMIT NO. 30-025-29959	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21-175-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	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 intermed. csg</u> ☒	
(Other) ☐			

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 48 jts of 11 3/4", 47#, K-55 intermed. csg and set @ 2130'.
Cemented w/985 sxs class "C" and circ. 225 sxs to surface.
WOL.

ACCEPTED FOR RECORD

OCT 6 1987

SJS
CARLSBAD, NEW MEXICO

RECEIVED
OCT 2 11 12 AM '87
CARLSBAD, NEW MEXICO

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

SIGNED DE FINNEY

TITLE Administrative Supervisor

DATE 9-30-87

(For space for signature or State office use)

APPROVAL OF
COMMISSIONER OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side