

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	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. 374
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit L	10. FIELD AND POOL, OR WILDCAT Maljamar G/SA
14. PERMIT NO. 2505' FSL & 1150' FWL	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-175-32E
15. ELEVATIONS (Show whether DP, RT, GR, etc.)	12. COUNTY OR PARISH Lca
	13. STATE NM

15. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <u>set intermed. CSG</u>	

(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 45 jts of 11 3/4", 47#, K-55 intermediate CSG and set @ 1950'. Cemented w/ 960 sxs class "C". Lost circ. @ tail end of job.

ACCEPTED FOR RECORD
OCT 13 1987
SJS
CARLSBAD, NEW MEXICO

RECEIVED
OCT 9 11 01 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED [Signature] OF FWNEY

TITLE Administrative Supervisor

DATE 10-7-87

THIS SPACE FOR (Federal or State office use)

APPROVAL OF
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side