

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL.
(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 ☐	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 6/5A
14. PERMIT NO. 30-025-29967	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20-17S-32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2505' FSL & 1150' FWL	12. COUNTY OR PARISH Lea
	13. STATE NM

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
FRACTURE TREAT	MULTIPLE COMPLETE
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANS
(Other)	

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) set surf. csq	

(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.)

MIRU and spud on 10/1/87. Ran 16 jts of 16" 65# H-40 surface csq and set @ 700'. Cemented w/ 699 sxs of class "C" and circ. to surface w/ 73 sxs. WOC.

ACCEPTED FOR RECORD

SJS
OCT 13 1987

CARLSBAD, NEW MEXICO

RECEIVED
OCT 9 11 00 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

Signed NE FINNEY

TITLE Administrative Supervisor

DATE 10-7-87

(For Bureau or State office use)

APPROVAL OF
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

RECEIVED
OCT 14 1987
OCD
HOBBS OFFICE