

UNITED STATES N. M. OIL PERMIT APPLICATION
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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. 378
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit J 2543' FSL + 2625' FEL	10. FIELD AND POOL, OR WILDCAT Maljamar G/SA
14. PERMIT NO. 30-025-30116	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22 - T-17S-R-32
15. ELEVATIONS (Show whether OP, 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) Spud & set surf. csg. ☒	
(Other) ☐		(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.)

Spud well on 11/17/87. Ran 20 jts, 13 3/8", 61#, J-55 surface casing + set @ 806'. Cemented w/ 600 sxs class "C" and circulated 210 sxs to surface.

RECEIVED
NOV 30 1987

SJS

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

SIGNED [Signature]

TITLE Administrative Supervisor

DATE 11-30-87

(For space for Federal or State/office use)

APPROVAL, IF ANY:
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See instructions on Reverse Side

Section 1001, 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.