

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction,  
verse side)

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Budget Bureau No. 1-004-0135  
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. <input checked="" type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> 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, N.M. 88240	9. WELL NO. 380
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below) At surface 766' FNL + 1874' FEL unit B	10. FIELD AND POOL, OR WILDCAT Maljamar (G-SA)
14. PERMIT NO. 30-025-30337	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 28 - 17S - 32E
15. ELEVATIONS (Show whether DF, RT, GK, etc.) 3994.5' GL	12. COUNTY OR PARISH Lea
	13. STATE Nm

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 COMPLETION	<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 type="checkbox"/>
(Other) Spud & set surface casing	<input checked="" type="checkbox"/>		

(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 7/26/88. Ran 21 jts of 13-3/8" 61#, K-55 casing and set @ 845'. Cemented w/ lead of 570 sxs Class "C" and tail w/ 200 sxs Class "C". Cement returns 255 sxs.

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

SIGNED D.F. Finney TITLE Administrative Supervisor

DATE 8-2-88

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

575

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
Other instruction  
reverse side

Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

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	13. STATE Nm

16. 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"/>		<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) Spud & set surface CS9			

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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RECEIVED  
AUG 3 11 00 AM '88  
CARLSBAD, NEW MEXICO  
AREA OFFICE

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

SIGNED D.F. Finney TITLE Administrative Supervisor

DATE 8-2-88

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CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD  
DATE

AUG 9 1988

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO

Title 18 U.S.C. 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.

RLM - Carlsbad (1) File

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AUG 11 1988

OCD  
HOBBS OFFICE