

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse 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 ☒ <u>Injection Well</u>	7. UNIT AGREEMENT NAME <u>MCA Unit</u>
2. NAME OF OPERATOR <u>Conoco Inc.</u>	8. FARM OR LEASE NAME <u>MCA Unit</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 460 - Hobbs, New Mexico 88240</u>	9. WELL NO. <u>246</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>660' FSL & 660' FEL - Unit Letter P</u>	10. FIELD AND POOL, OR WILDCAT <u>Maljama G-5A</u>
14. PERMIT NO. <u>30-025-</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>17-17S-32E</u>
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH <u>Dea</u>
	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 tones pertinent to this work.)

A casing integrity test was run 8/1/89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.

RECEIVED
OCT 2 3 53 AM '89

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

SIGNED William W. Baker
William W. Baker

TITLE Administrative Supervisor

DATE 8/7/89

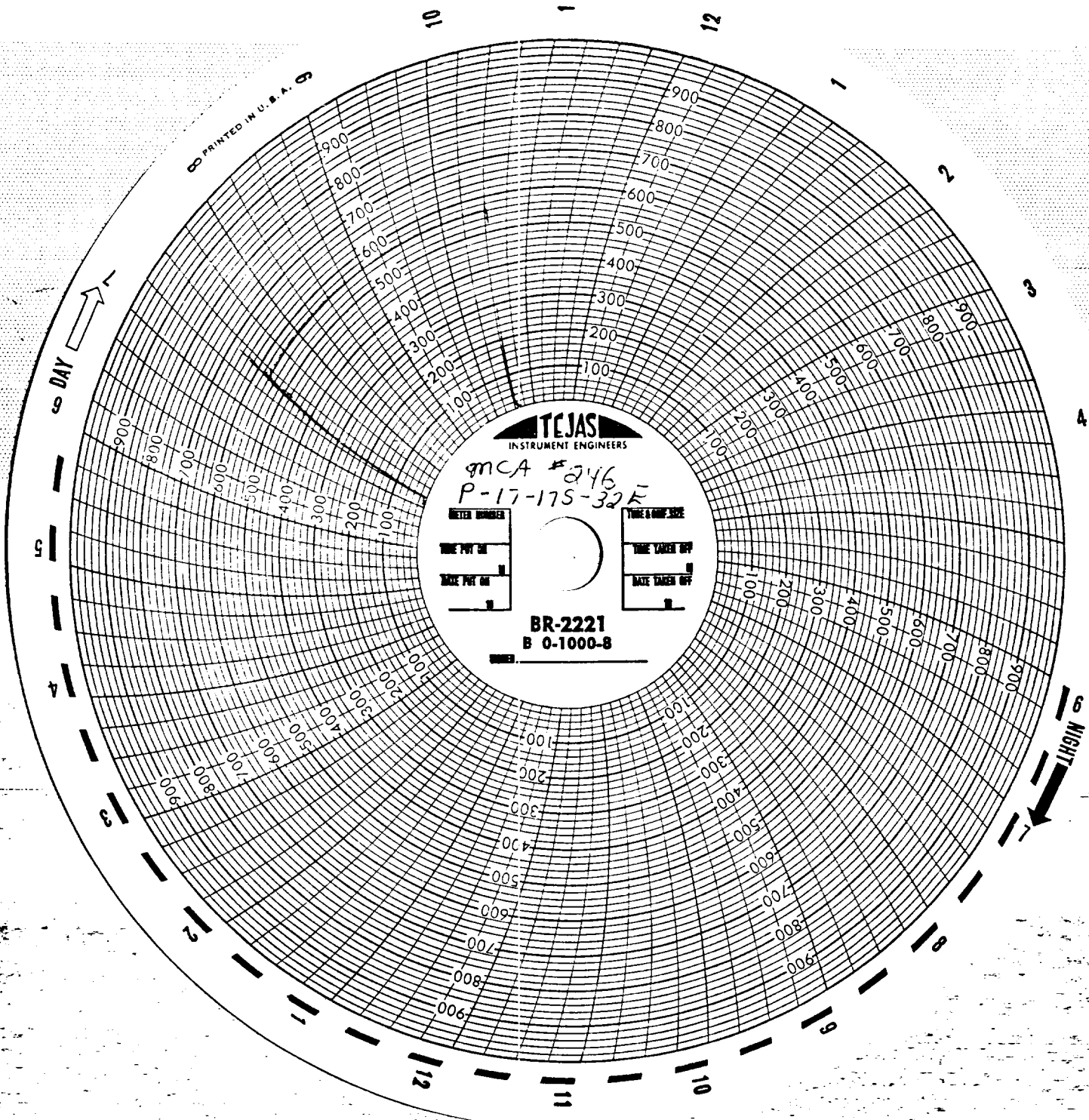
APPROVED BY Adam Salameh
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 10/4/89

Subject to
Like Approval
by State

*See Instructions on Reverse Side



PRINTED IN U.S.A.

TEJAS
INSTRUMENT ENGINEERS

MCA #246
P-17-175-32F

METER NUMBER
TIME PUT ON
DATE PUT ON

TIME & METER SIZE
TIME TAKEN OFF
DATE TAKEN OFF

BR-2221
B 0-1000-8