

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Project Bureau No. 1004-01-5  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO  
LC-058697B  
6 IF INDIAN, ALLOTTEE OR TRIBE NAME

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

2. NAME OF OPERATOR  
Conoco Inc.

3. ADDRESS OF OPERATOR  
P.O. Box 460 - Hobbs, NM 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
1980' FSL + 1980' FWL Unit K

14. PERMIT NO.  
30-025-01563

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4046' DF

7. UNIT AGREEMENT NAME  
MCA Unit Bty 4

8. FARM OR LEASE NAME

9. WELL NO.  
#199

10. FIELD AND POOL, OR WILDCAT  
Maljamar G-SA

11. SEC., T.R., M., OR BLK. AND SURVEY OR AREA  
30-T17S-R33E

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:

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)	<input type="checkbox"/>		<input 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.)\*

7-7-87 Set ret. @ 1988' Squeeze w/500 sxs @ w/2% CaCl<sub>2</sub>,  
100' on top. Retainer @ 1116', 320 sxs squeezed.  
100' on top. Squeezed surface w/320 sxs @ 120'.  
51 sxs @ Surface. Erected P+A marker  
Work completed 7-14-87.

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

SIGNED W.W. Baker W.W. Baker TITLE Administrative Sup'r. DATE Aug. 24, 1987

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS

CONDITIONS OF APPROVAL, IF ANY: TITLE DATE

Approved as to plugging of the well bore.  
Liability under bond is retained until  
surface restoration is completed.

\*See Instructions on Reverse Side