

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well ☐ Oil Well ☐ Gas Well ☒ Other INJECTION	5. Lease Designation and Serial No. LC 58697B
2. Name of Operator Conoco Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. 10 Desta Drive W. Midland, TX 79705 (915)686-5424	7. If Unit or CA, Agreement Designation mca unit Bty 4
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL & 1980' FWL, UNIT LTR F SEC. 30, T-17S, R-33E	8. Well Name and No. MCA WELL 135
	9. API Well No. 30-025-01564
	10. Field and Pool, or Exploratory Area MALJAMAR (G-SAY)
	11. County or Parish, State LEA, NM

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

TYPE OF ACTION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☒ Altering Outlets
☐ Other **Clean out**

- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

5-20 MRO.
5-21 RIH W/ 3 7/8" BIT, ON 2 3/8" WS, TAGGED AT 3952'. CLEANOUT TO 4000'.
5-22 CLEAN OUT TO 4255'. PREP. TO RIH W/ SCRAPER & SET PACKER.
5-23 RIH / 2 3/8 X 4 1/2 OTIS INTERLOCK PACKER AND SET AT 3880'. TEST TO 500# HELD.
5-24 RELEASE ON OFF TOOL AND CIRCULATE PACKER FLUID. RAN CSG. INTEGRITY TEST TO 500# FOR 30 MIN. HELD. RDMO. PUT WELL BACK ON INJECTION.

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

Signature *[Signature]* Title **SR. STAFF ANALYST** Date **7-8-91**

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: