Form 3100-5
(November 1983)
Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instruction reverse side)

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

RECEIVED
Sep 11 9 26 AM

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 Injection

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
Unit M 660' FSL & 660' FWL

5. LEASE DESIGNATION AND SERIAL NO.
LC-031670B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Bemu NE Ku

8. FARM OR LEASE NAME

9. WELL NO.
#59

10. FIELD AND POOL, OR WILDCAT
Maljamar McKee

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 20, T-20S R-32E

12. COUNTY OR PARISH
Lea

13. STATE
NM

14. PERMIT NO.
30-025-07834

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3550' G.L.

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)	
(Other) Clean Out, Stimulate & Test X		(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.)*

1. MIRU. NU BOP. C.O. to 4" liner top @ 8971'. Revrse Circ. & C.O. to TD @ 9246' Pickle workstring.
2. Set treating packer @ 8955'. Acidize/CLCO2 treat with 4 Stages of: 25 Bbls of 15% HCl-NE-FE acid, 3 bbls 10ppg brine, 50 bbls of .3% Dichlor-S mixed w/ completion fluid, 3 bbls of 10ppg brine, 25 bbls of 15% HCl-NE-FE acid, 3 bbls of 10 ppg brine, 5 bbls of 10ppg w/ 2 lb/gal 100 mesh salt SI for 1 hour.
3. Set inj. pkr @ 8856' & circ. pkr fluid.
4. Appr. 2 wks after Stim., run inj. profile log & step rate test.

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

SIGNED W W Baker W.W. Baker TITLE Administrative Supv. DATE Sept. 6, 1989

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 9-25-89
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side