

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructions
reverse side)

ICATE
on re

Approved
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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-031620A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SEMI Permian

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Skags Grayburg

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

24-20S-37E

12. COUNTY OR PARISH 13. STATE

Lea NM

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injection Well

2. NAME OF OPERATOR

Conoco Inc.

3. ADDRESS OF OPERATOR

P.O. Box 460 - Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FSL & 660' FEL - Unit Letter I

14. PERMIT NO.

30-025-06256

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

16. 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 COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

A casing integrity test was run 6-27-89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.

APPROVED FOR 12 MONTH PERIOD
ENDING 07-01-90

RECEIVED

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

SIGNED

William W. Baker

TITLE Administrative Supervisor

DATE

July 17, 1989

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*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.

RECEIVED

AUG 7 1989

OCB
HOBBS OFFICE