

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions o
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</u>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>CONOCO INC.</u>	8. FARM OR LEASE NAME <u>North El Mar Unit</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 460, Hobbs, N.M. 88240</u>	9. WELL NO. <u>6</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit B</u>	10. FIELD AND POOL, OR WILDCAT <u>El Mar Delaware</u>
14. PERMIT NO. <u>660' FNL & 2005' FEL</u> <u>30-025-08280</u>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 25-26S-32E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) <u>temporary abandon</u>	

(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 MIRR. POOH W/ tbg & pkr. set CIBP @ 4600'.
- ② Test CIBP to 1000psi, held ok
- ③ Circ. pkr fluid & rig down on 11-19-86

APPROVED FOR 12 MONTH PERIOD
ENDING 3/25/87

ACCEPTED FOR RECORD
MAR 25 1987

CARLSBAD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNATURE [Signature] NAME W. FINNEY TITLE Administrative Supervisor

DATE 3-6-87

FOR OFFICIAL USE OF FEDERAL OR STATE OFFICE USE:

APPROVED BY [Signature] TITLE DATE

REASON FOR APPROVAL, IF ANY:

*See instructions on Reverse Side

This document is a form of the Bureau of Land Management, which 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.

BLM-Carlsbad (6) NMOCOD-4dbs(3) File