

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE
(Other instructions on reverse side) 11-4-86

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 Injection Shut-in

2. NAME OF OPERATOR CONOCO INC.

3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240

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

14. PERMIT NO. 30-025-08313

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
490' FNL & 330' FEL

5. LEASE DESIGNATION AND SERIAL NO. NM-02791(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME North El Mar Unit

9. WELL NO. 52

10. FIELD AND POOL, OR WILDCAT El Mar Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35-265-32E

12. COUNTY OR PARISH Lea 13. STATE NM

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) <u>temporary abandon</u>	<input checked="" 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 type="checkbox"/>
(Other) <input type="checkbox"/>	

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. POOH w/ injection equip. Run bit & scraper to perms.
- ② Set CIBP @ 4510'. Test CIBP to 1000 psi. Load & press. test csq to 600 psi for 10 minutes. If csq doesn't test, a sqz procedure will follow
- ③ Circ. hole full of 9.0 ppg brine (pkr fluid).
- ④ Rig down.



18. I hereby certify that the foregoing is true and correct
SIGNED Ceal O. Yarbrough TITLE Administrative Supervisor DATE 11-4-86

APPROVED BY _____ TITLE _____ DATE 11-13-86

Subject to
Like Approval
by State

*See Instructions on Reverse Side