

DISTRICT I
P.O. Box 1900, Hobbs, NM 88240

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

WELL API NO.	30-025-08367
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	E-5898-1
7. Lease Name or Unit Agreement Name	Bell Lake SWD
8. Well No.	#7
9. Pool name or Wildcat	Pennsylvanian
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	GL 3606'

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 (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:

Oil ☐ Gas ☐
Well ☐ Well ☐

OTHER Disposal Well

2. Name of Operator

Conoco Inc.

3. Address of Operator

10 Desta Dr. Ste 100W, Midland, Tx., 79705-4500

4. Well Location

Unit Letter A 660 Feet From The North Line and 660 Feet From The East Line
Section 1 Township 24S Range 33E NMPM San Jaun County

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐

PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐

CHANGE PLANS ☐

PULL OR ALTER CASING ☐

OTHER: Casing Integrity Test ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER ☐

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

It proposed to perform a casing integrity test on this well in preparation for temporary abandonment. The following procedure will be used:

1. RU pump truck to wellhead, insure the casing is full & test production csg to 500 psig
2. Use a chart recorder to record the pressure for 30 minutes
3. Notify the BLM 24 hours prior to performing the test.

DCD

12. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Kay Maddox TITLE Regulatory Agent DATE January 16, 1998

TYPE OR PRINT NAME Kay Maddox TELEPHONE NO. 686-5798

(this space for State Use)

ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT SUPERVISOR

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

JAN 23 1998

JCSN