

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN DUPLICATE
(Other instructions on reverse side)

With approval,
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.)

5. LEASE DESIGNATION AND SERIAL NO.
LC-030168A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
NMFU

8. FARM OR LEASE NAME
Leaves A

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Scandrough Unit 7 Res

11. SEC., T., R., M., OR B/LK. AND SURVEY OR AREA
19-26S-37E

12. COUNTY OR PARISH
Lea

13. STATE
NM

1. OIL WELL GAS WELL OTHER Injection

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' FSK & 1980' FWH - Unit letter K

14. PERMIT NO.
30-025-12011

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

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Temporary Test Log Well</u> <input checked="" type="checkbox"/>	

(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.)*

Work started 9/18/87. MIRR. Set pkr at 2872'. Pressure test to 5000psi. Rmpd 90. bbls Conoco pkr fluid #1 & 2 down back side at rate of 2 BPM. Well went on vacuum. Pressure up on pkr to 600 psi. Pkr held pressure for 15 mins. Rig down & hook up surface equipment. Work completed 9/19/87.

SSS

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

SIGNED William F. Finney TITLE Administrative Supervisor DATE January 4, 1988

(This space for Federal or State office use)

APPROVAL OF _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See instructions on Reverse Side

Under the Freedom of Information Act, it is 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) ARCO (2) Amoco (2) Chevron (1) File