

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

LEASE DESIGNATION AND SERIAL NO.
LC-030143A
IF INDIAN, ALLOTTEE OR TRIBE NAME

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*

2. NAME OF OPERATOR *Conoco Inc.*

3. ADDRESS OF OPERATOR *P.O. Box 460 - Holly, NM 88240*

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface *Unit letter K 1980' FSL + 1980' FWL*

14. PERMIT NO. *30-025-04181*

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

RECEIVED
APR 5 11 21 AM '90

7. UNIT AGREEMENT NAME *Read Sanderson Unit*

8. FARM OR LEASE NAME

9. WELL NO. *#1C*

10. FIELD AND POOL, OR WILDCAT *Eurostat Water Truss Queen*

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA *Sec. 3, T20S, R36E*

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

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*

(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.)

3/1/90 MIREU. Made 3 trips w/dump bailer & spotted total 3 sls. Cal-seal @ 3440'. Dump 17 sls. sand. Tag sand @ 3893'. Perf. Queen w/2 JSFP @ 3834-3858 and 3826-3831 (Total 48 perms) 3806-3823 (36 perms) Perf. w/4 JSFP 3782-3795 (56 perms). 61H w/5 1/2" pks & set @ 3615'. Pressure up csg. to 500#. Acidize w/140 Bul 15% HCL-NE-FE acid + divert w/1200# Rock salt. Pressure test csg. to 500# for 15 min. Return to injection. Chart attached.

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

SIGNED *H.A. Ingram* TITLE *Conservation Coordinator* DATE *3/29/90*

APPROVED BY _____ TITLE _____ DATE _____

*See Instructions on Reverse Side