

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPL. (E)
(Other instructions on reverse 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.)

<p>1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <u>Injection Well</u></p> <p>2. NAME OF OPERATOR CONOCO INC.</p> <p>3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, N.M. 88240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>Unit K</u></p> <p>14. PERMIT NO. <u>1980' FSL & 1980' FWL</u> <u>30-025-04181</u></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <u>LC-030143(A)</u></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME <u>NMFU</u></p> <p>8. FARM OR LEASE NAME <u>Reed Sanderson Unit</u></p> <p>9. WELL NO. <u>10</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Eumont Yates 7 Rvrs Quee</u></p> <p>11. SEC., T., R., NE., OR BLE. AND SURVEY OR AREA <u>Sec. 3-205-36E</u></p> <p>12. COUNTY OR PARISH 13. STATE <u>Lea NM</u></p>
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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>Cleanout & acidize</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.)*

- ① MIRU on 10/29/85, POCH w/ pkr
- ② Clean out from 3902' to PBD @ 3946'
- ③ Circ. pkr fluid
- ④ Set pkr @ 3674' & acidized w/ 35 bbls 15% HCL acid w/ 2% Xylene; flush w. 35 bbls FFW
- ⑤ Return to injection and rig down on 10/30/85

ACCEPTED FOR RECORD
SLC
JAN 13 1986
CARISBAD, NEW MEXICO

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

SIGNED *[Signature]* TITLE Administrative Supervisor DATE 1-8-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JAN 14 1986

O.C.D.
HOBBS OFFICE