

UNITED STATES **BLM - CARLSBAD**
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

<p>1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other</p> <p>2. Name of Operator Conoco Inc.</p> <p>3. Address and Telephone No. 10 Desta Drive West, Midland, Texas 79705 (915) 686-6548</p> <p>4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1650' FNL & 330' FEL Sec. 10, T-20S, R-36E</p>	<p>5. Lease Designation and Serial No. NM 9911519 1151 ✓</p> <p>6. If Indian, Allottee or Tribe Name</p> <p>7. If Unit or CA, Agreement Designation</p> <p>8. Well Name and No. Sanderson B-1 No. 2 ✓</p> <p>9. API Well No. 300250420400</p> <p>10. Field and Pool, or Exploratory Area Eumont Yates 7 Rivers On.</p> <p>11. County or Parish, State Lea, NM</p>
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12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION												
<input checked="" type="checkbox"/> Notice of Intent <input type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<table style="width: 100%;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Abandonment</td> <td style="width: 33%;"><input type="checkbox"/> Change of Plans</td> </tr> <tr> <td><input type="checkbox"/> Recompletion</td> <td><input type="checkbox"/> New Construction</td> </tr> <tr> <td><input type="checkbox"/> Plugging Back</td> <td><input type="checkbox"/> Non-Routine Fracturing</td> </tr> <tr> <td><input type="checkbox"/> Casing Repair</td> <td><input type="checkbox"/> Water Shut-Off</td> </tr> <tr> <td><input type="checkbox"/> Altering Casing</td> <td><input type="checkbox"/> Conversion to Injection</td> </tr> <tr> <td><input checked="" type="checkbox"/> Other REMEDIAL WORK/ INCLUSION IN EMSU</td> <td><input type="checkbox"/> Dispose Water</td> </tr> </table> <p style="font-size: small;">(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)</p>	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection	<input checked="" type="checkbox"/> Other REMEDIAL WORK/ INCLUSION IN EMSU	<input type="checkbox"/> Dispose Water
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13. 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.)*

It is proposed to recomplete from the Queen back to the Grayburg, to prepare this well for inclusion in the expansion area to the Eunice Monument South Unit, by the following procedure.

1. RIH with bit and casing scraper and clean out to PBTD at 3690'.
2. Squeeze Queen perforations from 3125'-3646' with 450 sxs cement.
3. Drill out cement and retainer to CIBP set at 3690'.
4. Pressure test casing to 500 psi for 30 minutes.
5. Drill out CIBP (3690') and clean out hole to TOL at 3740'.
6. RIH with bit and casing scraper to PBTD at 3901'.
7. RIH with producing equipment and resume production pending assumption of operation in by Chevron.

RECEIVED
 DEC 3 11 40 AM '90
 AREA CHIEF
 OFFICE

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

Signed *Joseph Moore* Title Regulatory Coordinator Date 11/29/90

(This space for Federal or State office use)

Approved by *Adam Selameh* Title _____ Date 12/6/90

Conditions of approval, if any: THIS APPROVAL IS FOR REMEDIAL WORK ONLY.

* THIS APPROVAL DOES NOT COVER INCLUDING WELL IN THE EMS UNIT. -