

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
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.)

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR: CONOCO INC.

3. ADDRESS OF OPERATOR: P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below)
At surface: Unit I
1980' FSL & 660' FEL

5. LEASE DESIGNATION AND SERIAL NO.: LC-031622(A)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME: NMFU

8. FARM OR LEASE NAME: Sanderson A

9. WELL NO.: 10

10. FIELD AND POOL, OR WILDCAT: Eunice Monument 6/SA

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 14-20s-36E

12. COUNTY OR PARISH: Lea

13. STATE: NM

14. PERMIT NO.: 30-025-04264

15. ELEVATIONS (Show whether DF, 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"/>	PELL 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>Clean out & Reperf</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 10/12/85, Clean out scale from 3880'-3899'
- ② Spot acid from 3720'-3899'. Perf w/ JSPF @ 3742'-3751', 3755'-3763', 3780'-3782', 3790'-3794', 3804'-3810', 3827', 3834'-3848', 3858'-3864', 3878'-3882' & 3893'-3899'.
- ③ Acidize perfs w/ 110 bbls 15% HCL acid; flush w/ 17.6 bbls TFW.
- ④ Rig down on 10/30/85. Test pumped 23 BO, 93 BW & 112 MCF

ACCEPTED FOR RECORD
[Signature]
DEC 12 1985

CARLEBAD TEL 311000

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

SIGNED [Signature] TITLE Administrative Supervisor DATE 12-10-85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

DEC 13 1985

O.C.D.
HOBBY OFFICE