

UNITED STATES
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

1. Type of Well
 Oil Well Gas Well Other **INJECTION**

2. Name of Operator
Conoco Inc.

3. Address and Telephone No.
10 Desta Drive STE 100W, Midland, TX 79705 (915)686-5424

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FNL & 660' FWL, SEC. 28, T-22S, R-36E, UNIT LTR 'E'

5. Lease Designation and Serial No.
LC 030133B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
SO. EUNICE UNIT #41

9. API Well No.
30-025-09073

10. Field and Pool, or Exploratory Area
EUNICE 7 RVS QUEEN, SO.

11. County or Parish, State
LEA CO., NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other RESET PKR
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

1-12-93 MIRU. POOH W/ TBG & PKR. GBIH W/ TBG AND PKR SET @ 3562', CIRC PKR FLUID.
 TEST CSG TO 500# FOR 30 MIN. HELD.
 1-13-93 RDMO.

RETURN WELL TO INJECTION.

NOTIFIED NNOCD.

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

Signed *Eric A. Keadly* Title SR. REGULATORY SPEC Date 1-22-93

(This space for Federal or State official use)

Approved by _____ Title OCD Date JAN 28 1993

Conditions of approval, if any:

Title 18 U.S.C. Section 1001, makes it 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.