

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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <i>Conoco Inc.</i></p> <p>3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Hobbs NM 88240</i></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980' FNL & 660' FEL</i></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <i>LC-030133A</i></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME <i>South Eunice Unit</i></p> <p>8. FARM OR LEASE NAME <i>South Eunice Unit</i></p> <p>9. WELL NO. <i>42</i></p> <p>10. FIELD AND POOL, OR WILDCAT <i>Eunice 7 Rvrs Queen, S</i></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>29-22S-36E</i></p> <p>12. COUNTY OR PARISH <i>Lea</i></p> <p>13. STATE <i>NM</i></p>
14. PERMIT NO. <i>30-025-09094</i>	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"/>	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) <i>CO, Open Add'l Pay & Stimulate</i> <input checked="" type="checkbox"/>	
(Other) <input 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 and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markets and zones pertinent to this work.)*

MIRU on 3/17/87. Tag at 3772'. Establish circ using 9 ppg brine & oyster shells. Latch onto fish. Clean out from 3752'-3802'. Perf at 3705'-3777' w/ 4 js pf for total of 44 shots. Set packer at 3550'. Load & test csq to 500 psi w/ 40 bbls TFW. Acidize 7 Rvrs Queen w/ 120 bbls 15% HCL-NE-FE acid in 3 equal stages. Pump 500 lbs rock salt in 7 bbls gelled brine between stages. Overflush w/ 50 bbls TFW. Swab well. Release pkr. Place well on production. Work completed on 4/4/87

ACCEPTED FOR RECORD

JUN 26 1987

SJS

CARLSBAD, NEW MEXICO

RECEIVED
 JUN 26 11 00 AM '87
 CARLSBAD RESOURCE
 AREA HEADQUARTERS

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

SIGNED *[Signature]* **DE FINNEY** TITLE *Administrative Supervisor* DATE *6/16/87*

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See instructions on Reverse Side

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.

BLM - Carlsbad (6) ARCO (2) Amoco (2) Chevron (1) File

RECEIVED
JUL 2 1987
OCD
HOBBS OFFICE