

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Injection Well</i>		5. LEASE DESIGNATION AND SERIAL NO. <i>LC-031670A</i>
2. NAME OF OPERATOR <i>Conoco Inc.</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>P.O. Box 460 - Hobbs, New Mexico 88240</i>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <i>At surface</i> <i>1980' FNK &amp; 660' FWL - Unit Letter E</i>		8. FARM OR LEASE NAME <i>Semur Permian</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	9. WELL NO. <i>28</i>
		10. FIELD AND POOL, OR WILDCAT <i>Skaggs Crawburg</i>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>19-20S-38E</i>
		12. COUNTY OR PARISH <i>Lea</i>
		13. STATE <i>NM</i>

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 Acidize Run Inj Profile</i> <input checked="" type="checkbox"/>	

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.)

Work started on 7/18/88. MIRU. POOH w/ injection equipment. Clean out open hole 3702'-3905'. Acidize OH w/ 110 15% HCL & 230 gals Unichem 425. POOH w/ treating string. Run injection equipment & place on injection. Stabilize rate. Run injection profile on 8/5/88.

RECEIVED  
SEP 16 10 50 AM '88

18. I hereby certify that the foregoing is true and correct  
SIGNED *[Signature]* *DF FINNEY* TITLE *Administrative Supervisor* DATE *9/13/88*

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
SEP 20 1988

\*See instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO

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BLM-Carlsbad (6) File